SOCIAL SERVICES: INCOME SECURITY PROGRAMS

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Alberta
SOCIAL SERVICES
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RECORD OF AMENDMENTS

INTERIM AMENDMENT		CHANGES ENTERED	
NUMBER	DATE	BY	DATE

The Income Security Programs September 1, 1983 edition, with any subsequent interim amendments to this edition, may be purchased by any interested person or agency from:

Government Services
Publications and Statutes
11510 Kingsway Avenue
Edmonton, Alberta
T5G 2Y5

A cheque or money order payable to PROVINCIAL TREASURER in the amount of $6.00 for each copy ordered should accompany the request citing the full name and EDITION DATE of the manual.

PREFACE

We are pleased to present the latest edition of the Income Security Program manual.

This version with a simplified format should simplify the access to policies and procedures.

Copies of Acts and Regulations have been provided in special pockets on the inside covers.

The new Widows' Pension Program is incorporated into this edition.

It is the responsibility of every social worker to know and understand the contents of this manual and to carry out the procedures faithfully. Policies should be applied consistently so that all clients can expect the same service, regardless of social worker or location in Alberta.

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GLOSSARY

AADAC	-	Alberta Alcohol and Drug Abuse Commission
AADL	-	Alberta Aids to Daily Living
AAIP	-	Alberta Assured Income Plan
ADA	-	Alberta Dental Association
AHCIP	-	Alberta Health Care Insurance Plan
AISH	-	Assured Income for the Severely Handicapped
APA	-	Alberta Pharmaceutical Association
ARCD	-	Alberta Rehabilitation Council for the Disabled
AWP	-	Alberta Widows' Pension
CDC	-	Crown Debt Collections
CEIC	-	Canada Employment and Immigration Centre
CI	-	Client Index
CNIB	-	Canadian National Institute for the Blind
CPP	-	Canada Pension Plan
CRC	-	Community Residential Centre
DDS	-	Data Decision Sheet
DOC	-	District Office Cheque
EHB	-	Extended Health Benefits
EOP	-	Employment Opportunities Program
GIS	-	Guaranteed Income Supplement
HCS	-	Handicapped Children Services
OAS	-	Old Age Security
OP	-	Overpayment
PWSS	-	Public Works Supply Services
RDE	-	Remote Data Entry
ROE	-	Record of Employment
RP	-	Repayment
SALL	-	Social Allowance
SIN	-	Social Insurance Number
SSCH	-	Social Services and Community Health
UIC	-	Unemployment Insurance Commission
VON	-	Victorian Order of Nurses
WCB	-	Workers' Compensation Board

PART I - SOCIAL ALLOWANCE

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PART I SOCIAL ALLOWANCE

SOCIAL ALLOWANCE 1: RESPONSIBILITIES AND GENERAL INFORMATION

A. PURPOSE OF THE SOCIAL ALLOWANCE PROGRAM

The purpose of the Social Allowance Program is to provide financial help to people in need. The Program provides for basic necessities including authorized goods and services essential for health and well-being.

B. LEGISLATION

The legislative authority for the Social Allowance Program is the Social Development Act.

Staff involved in the delivery of the Social Allowance Program must be familiar with the terms of the legislation since requirements set out in the Social Development Act must be adhered to. A copy of the act is to be retained in the pouch on the inside cover of this manual.

C. REGULATIONS

Section 30 of the Social Development Act allows for regulations to be set by Order-in-Council.

Limits set out in the Social Allowance Regulations must be complied with. A copy of the regulations are to be retained, for reference purposes, in the pouch on the cover of this manual. Amendments must be included as they become available.

D. DISCLOSURE OF INFORMATION - CONFIDENTIALITY

Section 5.1 of The Social Development Act provides a control on the disclosure of information on social allowance cases. All information obtained in the administration of social allowance (including all files, documents, or papers related to cases) is restricted, and may not be disclosed by any person except as outlined below.

If the disclosure of information is necessary in the administration of the Act or is in the best interests of an applicant or his dependants, the information may be released by staff to the following:

1. to an employee of the department or of any other department or agency of the government, or
2. to an official of the government of Canada, or an agent thereof, or
3. to an agency or authority charged with the responsibility of providing a social allowance to any person under this Act, or
4. to a person assisting the department or acting as an agent of the department, or
5. any government department, municipality or agency of another province or territory of Canada having a responsibility to provide financial assistance to persons in need, or
6. at a trial, hearing or proceeding under the Criminal Code or The Maintenance and Recovery Act related to any matter under this Act, or to a solicitor acting on behalf of any government, authority or agency and responsible for the institution of such a trial, hearing or proceeding, or
7. during the hearing of an appeal before such appeal authority as is established and acting pursuant to section 28 of the Act, or
8. to a member of the Legislative Assembly of Alberta if he has the consent of the person who has applied for or has received social allowance.

If the disclosure of information is not necessary in the administration of the Act, or is not in the best interest of the person concerned, or if the person to whom the information would be released is not included in the list above, the information may be released with the written consent of the Director of Income Security. Requests for consent should identify the information to be disclosed and the person to whom the disclosure may be made.

Persons who contravene this section are liable upon summary conviction to a fine of not more than $500 or, in default, to a term of imprisonment of not more than 90 days.

E. DETERMINATION OF ELIGIBILITY

Eligibility for social allowance is to be determined:

Standard 1. at time of application.

Standard 2. when there is a change in circumstances.

Standard 3. at the time of annual review.

NOTE: Recipients affected by a decision under the Social Development Act have the right to appeal. (See Part IX Appeals.)

NOTE: See Social Allowance 8: Procedures and Part XIII Forms.

F. TARGET POPULATION

Social allowance may be provided to persons who meet eligibility criteria relating to each of the following categories. Standards and other details are specified in the sections noted.

Social Allowance 2: Residence
Social Allowance 3: Age
Social Allowance 4: Employability
Social Allowance 5: Assets
Social Allowance 6: Determination of Need
Social Allowance 7: Special Groups

G. RESPONSIBILITIES OF RECIPIENTS

An application for social allowance is taken from the person who assumes the role and responsibilities of head of the household.

Standard Persons who apply for social allowance must be prepared to provide evidence of need. They must demonstrate that they have explored (within the limits of their ability and circumstances) every possibility of self-support, make formal statements disclosing present and potential income and assets, and be prepared to provide evidence in support of their application.

Social allowance applicants and recipients who have another person or persons responsible for maintenance of themselves, or their dependants, subrogate their right to maintenance to the government. These applicants or recipients will be expected to fully cooperate as a condition of receiving social allowance by providing information regarding the person or persons responsible for maintenance, producing any documents required, and appearing in court if requested to do so.

Persons who do not agree to subrogation or who do not fully cooperate in pursuing maintenance will have social allowance refused or cancelled.

Standard Satisfactory identification must be provided by presenting a signature-bearing document such as a driver's license, social insurance card, passport, etc..

Social allowance applicants or recipients are required to verify circumstances by supplying such documents as receipts, birth certificates, marriage certificates, orders of divorce or separation, bank statements, statements of earnings or paystubs, income tax returns, medical reports, all homeowner documents [mortgage(s), agreement(s) for sale, Certificates of Title] and confirmation of assets, etc..

Standard Identification and other documentation must be photocopied and the photocopy retained on the district office file.

Pending proof of identification and reported circumstances, social allowance will be limited to weekly issue. Failure to produce any requested documents or evidence that the person is attempting to obtain such documentation, within two weeks, shall result in the suspension of social allowance.

PART I SOCIAL ALLOWANCE

SOCIAL ALLOWANCE 1: RESPONSIBILITIES AND GENERAL INFORMATION

In order to remain eligible, any applicant or recipient who has the ability to take full or part-time employment is expected to take employment as a responsiblity to himself and to society. If an employable recipient fails to take employment, or to actively seek employment or to avail himself of EOP services, he shall be given thirty (30) days written notice that his social allowance will be cancelled. He will also be informed of his right to appeal.

The Social Development Act requires every person in receipt of social allowance to notify the department of any change in circumstances that differ from those previously reported. Persons who contravene this section are liable upon summary conviction to a fine of not more than $500 or, in default, to a term of imprisonment of not more than 90 days.

SOCIAL ALLOWANCE 2: RESIDENCE

A. ELIGIBILITY CRITERIA RELATING TO RESIDENCE

To qualify for social allowance a person must:

Standard 1. be residing in the province of Alberta.

Absences of up to one month per year will be allowed except for unemployed employable recipients.

Standard 2. not be residing on an Indian Reserve.

The federal government, Department of Indian and Northern Affairs, is responsible for the provision of assistance to persons residing on Indian Reserves.

Standard 3. not be residing in a community residence funded by the department of Solicitor General and/or the Alberta Alcohol and Drug Abuse Commission (AADAC).

Persons residing in these residences have their needs met through the funding provided to the community residences by the other departments.

Standard 4. not residing in a jail, Alberta Hospital Edmonton or Ponoka, or other provincial institutions where the full cost of care is being provided by government funding.

SOCIAL ALLOWANCE 3: AGE

A. ELIGIBILITY CRITERIA RELATING TO AGE

1. Persons Under 16 Years of Age

Standard Social Allowance benefits must not be granted to an applicant under 16 years of age.

Persons under 16 years of age, whose parents are unwilling or unable to provide care, may obtain benefits from:

a. Guardian Social Allowance Program (if a suitable guardian is available). (See Part II Guardian Social Allowance.)

or

b. Protection Services, Child Welfare Branch if they are in need of protection.

2. Persons 16 or 17 Years of Age

a. Married or separated.

Standard Married persons 16 or 17 years of age or persons in this age group who are separated or divorced from a legal marriage are subject to the normal social allowance eligibility criteria for adults.

b. Single.

The following policy is applicable to single 16 and 17 year old persons, including unmarried mothers in this age group:

Standard District Offices must make every effort to contact the parents to determine if they are prepared to allow the child to return home or otherwise provide for his support.

Standard If the parents are unwilling to support the child or cannot be contacted, a maximum of one month's assistance may be provided on a room and board basis, to allow time for alternate arrangements to be made. It is expected that the child should return home if at all possible, or alternately, arrange to stay with other relatives or friends. If a suitable placement is found, the Guardian Social Allowance program would be a resource.

Standard A referral must be made to the Child Welfare program if there is evidence of child abuse or if the child cannot find a suitable placement. If assistance has been granted to the child, the referral should be made at least two weeks prior to the expiration of assistance.

3. Persons 65 Years of Age and Over

Normally persons 65 years of age and over would not be eligible for social allowance because of their income received from the Federal Old Age Security (OAS) and Guaranteed Income Supplement (GIS) plus the Alberta Assured Income Plan (AAIP). If however, a person is not eligible for OAS/GIS/AAIP due to length of residence in Canada or the OAS/GIS/AAIP is not sufficient to meet their needs, a social allowance application may be taken.

SOCIAL ALLOWANCE 4: EMPLOYABILITY

A. DETERMINATION OF EMPLOYABILITY

Differing eligibility criteria and level of benefits are applicable to unemployable and employable persons. Therefore, it must be determined if the applicant and/or spouse (if applicable) are employable.

1. Unemployables

Although certain categories of persons are defined as unemployable, they should be encouraged to seek employment within their capability.

For the purpose of the social allowance program, the following categories of persons are defined as unemployable:

a. Persons aged 60 and over.

b. Persons who have a physical illness, mental illness, or physical disability to the extent that they are unable to work for a period of 90 days or more.

Standard

A person who claims to be unemployable for reasons of ill health or disability must have this substantiated by a medical report (SSCH 207) unless the disability is obvious to the social worker. Payment for a medical report may be authorized by SSCH 18SA. The fee for service must not exceed the AHCIP approved rate (fee code A1) plus $5.00 for completion of the form. (See Part XIII Forms.)

c. Single parents:

(i) with one dependent child under four months of age, or

(ii) with two dependent children where one or both are under school age, or

(iii) with three or more dependent children, or

(iv) with one child over four months of age or two children both over 6 years of age where a child has a physical or mental illness or disability lasting more than 90 days or the parent is enrolled in an approved upgrading or training program.

d. Persons who have received EOP services and who have been assessed by the EOP counsellor as unsuitable for employment. The employability of these recipients is to be assessed each year at the time of the annual review.

Standard

e. When approved by the district manager, assistant manager or casework supervisor, the following may be considered unemployable for an assessment period not to exceed 3 months:

(i) where a person is finding it difficult to cope with the associated trauma of the death of a spouse or marriage breakdown, or

(ii) where the applicant, aged 55-60, has been out of the labour market for a considerable period of time or has inadequate employment skills.

During this 3 month period, the district manager will ascertain whether or not the applicant is employable.

2. Employables

Standard

Persons who do not fall into one of the above groups are to be considered employable.

B. RESPONSIBILITIES OF EMPLOYABLE RECIPIENTS

Standard

Employable persons who may be eligible for social allowance are expected to seek and be willing to accept employment by:

a. initiating a job search.

b. using the services provided by the Canadian Employment Centres where they are available.
c. using the available services of the Employment Opportunities Program.

An employable person who is not job-ready is expected to engage in upgrading, re-training or other programs to reach a state of job-readiness.

C. REFERRALS TO THE EMPLOYMENT OPPORTUNITIES PROGRAM (EOP)

1. Persons Eligible for EOP Services

Standard

a. Social allowance recipients who are considered to be employable are to be referred to EOP for service immediately after receiving social allowance for one month. Persons in receipt of social allowance for less than one month may be provided services with approval of the EOP program manager.

Standard

b. Recipients who are considered to be in need of training are to be referred to an EOP counsellor for assistance in determining the appropriateness of training; selection of a program; and recommendation of the most appropriate source of financial support while training. (See Social Allowance 7, A, 19 Persons in Training.)

2. EOP Services

The following services are available from EOP:

a. assessment
b. individual or group counselling
c. placement into training
d. placement into employment
e. follow-up to ensure that recipients placed into employment or training maintain participation in their job or training program.

3. Referral Process for EOP Services

Procedure

To request EOP services, Referral Form SSCH 280 is to be completed and forwarded to the EOP casework supervisor responsible for the area. The social worker will discuss the EOP referral with the recipient to ensure that the recipient is suitable for referral and will avail himself of EOP services.

SOCIAL ALLOWANCE 5: ASSETS

A. ASSET LIMITS FOR AN UNEMPLOYABLE PERSON

Standards

1. Applicants may be allowed cash assets (or equivalent in other assets) of:

   a. $1500 for a single person,

   b. $2500 for married couples or families.

   Assets of an applicant or spouse (if applicable), includes such things as:

   - stocks
   - bonds
   - securities
   - cash surrender value of life insurance policy
   - market value of an automobile
   - real estate other than the specified exempted items shown below which can be sold or against which a loan can be secured.

   The value of the assets are to be recorded on the Data Decision Sheet (DDS).

2. Exempted Assets

Standards

   The following assets may be exempted:

   a. a home of reasonable value in which the applicant resides,

   b. the normal household furniture,

   c. the home quarter section of land if the applicant resides on a farm.

B. ASSET LIMITS FOR AN EMPLOYABLE PERSON

Asset limits for an employable person are the same as for an unemployable person except for the following:

Standard

1. for a single person, no more than $50 of the allowable asset limit may be made up of cash on hand, bank accounts or government bonds, or

Standard

2. for a person with dependants, no more than $250 of the allowable asset limit may be made up of cash on hand, bank accounts or government bonds.

C. VERIFICATION OF ASSETS

Standard

All documents verifying assets reported by the applicant must be produced at the time of application or within two weeks. Failure to produce these documents (or proof that the client has requested the documents) within two weeks will result in discontinuance of social allowance.

D. ADMINISTRATIVE EXEMPTION

Social Allowance may be granted in certain instances where assets exceed the limits if the assets are of a rehabilitative nature and if the applicant or recipient has the potential to be self-supporting in a reasonable period of time. This authority to exempt assets is delegated to district managers when the following conditions apply:

1. Transportation Vehicles

   District managers may exempt transportation vehicles not exceeding $7,500 for:

Standards

   a. persons available for full-time work,

   b. persons unavailable for work due to illness or disability to last up to 90 days,

   c. persons unavailable for work because they are in jail for less than 90 days,

d. persons requiring a vehicle for medical reasons (must be documented by a medical report), or

e. persons requiring a vehicle for transportation to employment or training where public transportation is not available.

Standard For circumstances described in a, b and c above, the exemption is not to exceed 3 months duration, but may be renewed.

Standard For circumstances described in d and e, the exemption is not to exceed 12 months duration, but may be renewed.

2. Joint Ownership of Property

Standard Where the applicant does not occupy the property in which he has an interest (joint title, tenants in common, dower rights, etc.), the applicant's share of the property may be exempted for a period of up to 12 months. During this period of time, the applicant has the responsiblity to take whatever legal action is possible to obtain his share of the property.

In instances where the applicant has taken legal action but has not been able to obtain his share of the property, a new administrative exemption may be granted every 12 months.

If the applicant has not taken the required action to obtain his share of the property, the district office is to advise the area manager, who may reduce or discontinue further financial assistance.

3. Other Assets

Standard If other assets (such as equipment and machinery) exceed the asset limits, such assets may be exempted subject to the following:

a. Employable.

The exemption must not exceed 3 months and is not renewable.

Assistance may be provided for 2 weeks pending documentation of applicant's inability to borrow on the asset. Further assistance for the balance of the exemption period may be provided pending employment or disposal of assets.

b. Unemployables.

A maximum of 6 months exemption may be provided on written medical confirmation that the recipient will be employable within that period of time. If the period of unemployability will exceed 6 months, the provision of a. above applies.

E. FORMS REQUIRED TO COMPLETE ADMINISTRATIVE EXEMPTION

Standard If assets are exempted, the district manager must complete form SSCH 1086 Notice of Exemption which must include the time period of the exemption. (See Part XIII Forms, p. 255.)

Standard If an exemption is renewed, a new form must be completed. The form must be retained on the recipient's district office file.

SOCIAL ALLOWANCE 6: DETERMINATION OF NEED

A person whose income is insufficient to meet his needs and those of his dependants, if any, may qualify for a social allowance. The following section outlines how income is considered and specifies the needs that may be allowed in determining the individual level of benefit.

A. INCOME

1. Consideration of Income

Standard

In determining the amount of social allowance a person requires, the full resources of that person and other persons residing in the same residence must be considered, subject to exemptions allowed in the Social Allowance Regulations. For recipients of social allowance who have income and receive a social allowance supplement, the income in any one month will be considered as income in computing the following month's rate of benefit. For new and reopened cases, income will be considered during the month it is received except income received during the last week of the month which will be considered in the following month.

In the case of marital separation when a spouse (either the husband or the wife) is providing continuous needs such as rent, utilities, etc., the amounts of these continuous needs are to be shown and the individual's contribution is entered under income as voluntary maintenance.

2. Fully Exempted Income

Standards

The social allowance regulations allow for full exemption of the following types of income. Income that is fully exempted must not be considered when determining the level of benefit or eligibility.

a. Family Allowance.

b. Child Tax Credit.

c. Renters Assistance benefits.

d. Alberta Heritage Fund Mortgage Interest Reduction benefits.

e. Child Welfare and Guardian Social Allowance Income.

Child Welfare payments for normal room and board and Guardian Social Allowance rates are not considered as income for social allowance purposes. This does not include:

(i) retainer fees which are to be considered as rental income.

(ii) special rates above the regular room and board rates which are considered as earned income.

f. Earnings of Dependent Children.

Earnings of dependent children are not to be considered as income if the earnings do not exceed $200 per month.

If the earnings of a dependent child exceed $200 per month, the earnings are not considered but benefits are not to be provided for the child except for medical needs and Alberta Health Care Insurance Coverage.

g. Other.

The social allowance regulations allow for exemption of the total income received by a person residing in the same residence as the recipient where in the opinion of the Director:

a. the person is not cohabiting in a common-law relationship with the applicant or recipient, and

b. the person is contributing a reasonable monthly payment to the applicant or recipient for room and board or room rental.

The authority to approve this exemption is delegated to Regional Director, Area Managers, and District Managers.

3. Partially Exempted Income

a. Earnings exemption.

Standards

The earning exemption is based on the lesser of the earnings (or training allowance) or the calculated allowable basic needs. For new and reopened cases, the earning exemption must not be used to establish eligibility. Once eligibility is established, the exemption may be used to calculate the level of benefit.

The earning exemption rates are as follows:

Earnings up to $115 per month	100% of earnings exempt
On the excess of earnings over $115 per month and up to $200 per month	50% of excess exempt
On the excess of earnings over $200 per month and up to $300 per month	25% of excess exempt
On the excess of earnings over $300 per month.	10% of excess exempt

The exemption ensures that recipients will always benefit from an increase in their earnings.

For determination of specific exemption levels, please refer to Part XII Rate Schedules and Codes A, 2, pp. 168-169.

The earning exemption may only be allowed on the following types of income:

(i) Earnings from Employment.

This includes income received for babysitting, for special child welfare foster home payments, and income from self-employment when the recipient is classified as an unemployable person. Earnings from self-employment are not to be exempted when the recipient is classified as an employable person.

When there is a history of variable earnings that is likely to continue, an average monthly amount is to be estimated and shown as income on the DDS. This estimate should be realistic enough so that a change will not have to be made during the anniversary year (unless there is a noticeable adjustment in income). Every effort should be made to arrive at a realistic estimate in view of the possibility of overpayments being incurred.

In cases where there is a considerable variance in earnings, it may not be possible to estimate an average monthly amount to prevent the possibility of an overpayment. In such cases, it will be necessary to recalculate the benefit level to arrive at a true deficit.

Where employed social allowance recipients are receiving a free meal at their place of employment, no deduction is to be made from the food allowance. Where recipients are required to pay for a meal at their place of employment, the cost is an allowable deduction from their earnings.

(ii) Training Allowances.

b. Other types of partially exempted income.

(i) Rental Income.

50% of rental income is exempted.

(ii) Room and Board.

75% of income received from room and board is exempted.

4. Unexempted Income

Standard

All types of income not listed in 2 or 3 above are not exemptable and (therefore they) directly reduce the level of social allowance benefits.

5. Verification, Documentation and Calculation of Income

a. General procedures.

Standards

Income must be verified and documented:

(i) at the time of application (new or reopen).

(ii) whenever there is a change in the level of income.

An exception to this policy is that whenever there is a general percentage increase in rates, such as, adjustments to Old Age Security or Canada Pension Plan, etc., the increase must be reflected on the file but new documentation is not required to verify general increases.

(iii) at the time of annual review.

Standards

b. Acceptable methods of documenting income are:

(i) copy of cheque stub, or

(ii) completion of "Statement of Net Earnings" SSCH 114B (see Part XIII Forms, p. 232), or

(iii) affidavit (only when other forms of verification are not available).

c. Calculation of farm income (refer to Social Allowance 7, Farm Operators, p. 61).

d. CPP 1006 Authorization to Communicate Information to confirm eligibility for Canada Pension Plan benefits. (See Part XIII Forms, p. 255.)

B. CATEGORIES OF NEEDS AND DELEGATION OF AUTHORITY

Standard

There are three categories of needs that may be provided under the social allowance program. These are primary needs, special needs and exceptional considerations. Listed below are definitions of each category of need and delegation of authority. District Managers must ensure that the levels of authority are not exceeded and that the authority is exercised to provide essential goods and services only.

1. Primary Needs

Primary needs are those items specifically identified as such in this manual. Generally, these items are required on a regular monthly basis to meet the immediate needs of a person and any dependants when the person is unable to provide for himself or his dependants from his own resources, i.e., basic allowance, shelter, etc.

Standards

The authority to authorize primary needs is delegated to:

Social Workers
Casework Supervisors
Assistant District Managers
District Managers, Hostel Managers, and Institution Managers
Area Managers
Regional Directors

2. Special Needs

Special needs are those items, goods, or services specifically identified as such in this manual. These special needs may be included in the social allowance to meet needs considered essential to the health and well-being of a person or his dependants. Special needs which may be provided as a basic necessity include items of need required on a regular monthly basis and items of need required from time to time on a non-continuous basis.

In assessing the need for such items, the resources available and feasible alternatives shall be carefully examined.

Standards

The authority to authorize special needs is delegated to:

a. Social Workers.

- where the total cost does not exceed $200.

b. Casework Supervisor.

- where the total cost does not exceed $700.

c. District Managers/Hostel Managers/Institution Managers.

- where the total cost does not exceed $1,200.

d. Area Managers/Regional Directors.

- limited by the Act and Regulations.

3. Exceptional Considerations

Exceptional considerations are those things, goods, and services not included in this manual as primary needs or special needs that may be considered from time to time as basic necessities. It must be assessed that these items or services are basic needs and that all other resources have been fully utilized. Alternatives must be carefully examined and limits set out in the Act or Regulations must not be exceeded. SSCH 722 Record of Approval - Exceptional Consideration is used to record exceptional considerations. (See Part XIII Forms, p. 252.)

Standards

The authority to authorize exceptional considerations, unless otherwise noted, is delegated to:

a. District Managers/Hostel Managers/Institution Managers.

- where the total cost does not exceed $500.

b. Area Managers/Regional Directors.

- limited by the Act and Regulations.

C. BENEFITS

1. Basic Allowance

Standards

A basic allowance may be provided in accordance with Schedule A of the Social Allowance Regulations as outlined in Part XII, A of this manual. The basic allowance requirements for an individual or family unit living in a shared accommodation are calculated from the preadded schedule as though the individual or family unit were living alone.

a. Short-term basic allowance.

Short-term basic allowance may be provided to employable persons and their dependants. This includes maximum monthly amounts for food and personal allowance.

b. Long-term basic allowance.

Long-term basic allowance may be provided to unemployable persons and their dependants. This includes maximum monthly amounts for food, personal allowance, household allowance and clothing.

Each of the components are listed below and may, where applicable, be issued separately.

2. Food

a. Primary needs.

Standard

Maximum monthly rates for food are included in both short- and long-term basic allowance rates. These rates are included in the Social Allowance Regulations and must not be exceeded.

b. Special needs.

(i) Additional Food.

Standard

In instances where a recipient has already received the maximum food allowance set out in regulations and through circumstances beyond his control is left without food and is without any resources whatsoever to purchase food, the recipient may be provided with additional funds of up to a maximum of $22 for an adult and $14 per child in that month. The issue must be made by SSCH 18SA. (See Part XII Rate Schedules and Codes A, 1, pp. 165-167.)

(ii) Food for Homemaker.

Standard

If food is required for a homemaker, this may be provided using the adult food rate outlined in the Social Allowance Regulations. (See Part XII Rate Schedules and Codes A, 1, pp. 165-167.)

(iii) Special Diets.

Standard

A special diet may be authorized only if verification of the need is received from a physician. If a physician states that a recipient requires a diabetic diet but does not indicate the calorie content, the allowances for the 1500 calorie diet are used. (See Part XII Rate Schedules and Codes A, 1, pp. 165-167.)

(iv) Infant Formula.

Standard

Infant formula may be authorized if the child's monthly food allowance is insufficient to meet the cost and a physician has verified the medical need and the medical condition confirming the need. This may be authorized by SSCH 18SA and must not be included in the monthly allowance.

SOCIAL ALLOWANCE 6: DETERMINATION OF NEED

3. Personal Allowance

Primary need.

Standard

Personal allowance is included in both short- and long-term basic allowance. This allowance is to cover personal items for recipients who are not eligible for family allowance. It may be provided separately when the recipient is not in receipt of basic allowance. The maximum rate is set out in the Social Allowance Regulations and must not be exceeded. (See Part XII Rate Schedules and Codes A, 1, pp. 165-167.)

4. Household Allowance

a. Primary need.

Standard

Household allowance is included only in long-term basic allowance. Employable persons must not be provided with a monthly household allowance. This allowance is to cover expenses such as bedding, towels, bathroom and washing supplies if the person is maintaining a household or sharing accommodation. These rates are included in the Social Allowance Regulations and must not be exceeded. (See Part XII Rate Schedules and Codes A, 1, pp. 165-167.)

b. Special need.

Standard

(i) Employable Persons.

Employable persons who, due to circumstances beyond their control are left without adequate household supplies may be provided with additional funds not to exceed:

- $135 for the recipient
- $34 for each dependant

The maximum issue per family must not exceed $270.

Standard

(ii) Unemployable Persons.

Unemployable persons who have received their monthly household allowance may be issued additional funds as in (i) above.

These amounts are included in the Social Allowance Regulations and must not be exceeded. The issue must be made by SSCH 18SA.

5. Clothing

a. Primary need.

Standard

A clothing allowance is included only in long-term basic allowance.

b. Special needs.

(i) Insufficient Clothing.

A social allowance recipient who has insufficient clothing may be provided with funds of up to $214 per adult and up to $160 per child over and above the monthly clothing allowance, to bring clothing up to standard, subject to the following criteria:

Standards

- the request must be made within 6 months from the date of application or
- the circumstances leading to the clothing deficiency were beyond the recipient's control and
- the recipient is without other resources to purchase the required clothing.

SOCIAL ALLOWANCE 6: DETERMINATION OF NEED

(ii) Clothing for Employment or Training.

Standard

A recipient requiring clothing for the purpose of taking confirmed employment or training may be provided with the actual cost of the specific items required up to a maximum of $107. Clothing for training is defined as those items which the recipient requires when there is a dress code in the educational institution for the particular course in which the recipient is enrolled. Clothing for confirmed employment is defined as those items which the recipient specifically needs to take the job.

In all cases where clothing is provided for confirmed employment or training, the items must be listed on the SSCH 18SA.

(iii) Maternity Clothing.

An extra allowance for maternity clothing must not be provided at the time of application or reopen. The client will be expected to obtain any required maternity wear under the policy provision allowing the worker to bring clothing up to standard.

Standard

If a recipient, who has been in receipt of social allowance benefits for 6 or more consecutive months, requires maternity clothing, a pregnancy clothing allowance to a maximum of $160 may be provided. The issue will be made by SSCH 18SA and must not exceed this limit which is specified in the Social Allowance Regulations.

(iv) Layettes.

When a recipient has a newborn child, a layette may be provided.

Standard

Layettes will be stocked in the district office and are to be ordered from Public Works Supply Services. In instances where it is deemed necessary, layettes may be provided up to but not exceeding $65 which is to be issued only by SSCH 18SA. Layettes are not to be broken up in order to provide separate items. Separate items may be purchased locally, at a reasonable cost, to cover the specific need. Listed below are the contents of the layette approved for social allowance cases. Where the mother already has part of the layette, these items should be eliminated from the purchases.

3 dozen diapers
4 pairs baby pants
3 pairs terry sleepers
2 blankets (includes 1 receiving blanket)
3 flannelette nightgowns
4 baby shirts
1 sweater

(v) Disposable Diapers.

Standard

Disposable diapers may only be authorized if a physician verifies the medical need and outlines the medical condition confirming this need. This may be authorized by SSCH 18SA and must not be included in the monthly allowance.

6. Comforts Allowance (Primary Need)

Standard

Recipients residing in nursing homes, auxiliary hospitals and active treatment hospitals, who are eligible for social allowance, may be provided with a comforts allowance as specified in the social allowance regulations. This benefit is in lieu of clothing and personal allowances. (See Part XII Rate Schedules and Codes A, 1, pp. 165-167.)

7. Room and Board

Standards

District offices shall maintain a schedule of maximum room and board rates reflecting the average rates in the community. The schedule of rates must be approved by the area manager.

a. Primary need.

	Room and Board	Extra Care
(i)	With immediate family - rate is to be at least $35 less than the community average.	an additional amount but total not to exceed community average.
(ii)	With non-relative - rate is not to exceed community average.	an additional amount but total not to exceed community average by more than $60.

Standards

Extra care is to be considered only for persons who require assistance in feeding, dressing or bathing. If need is not evident, medical confirmation is required. Mental retardation, in itself, does not qualify a person for extra care.

Where the recipient has a child or children and is living in a room and board situation, the rate may be increased by the amount of the guardian social allowance rates for food and shelter for each child.

Persons receiving a room and board allowance are not eligible to receive a household allowance.

b. Exceptional consideration.

Standard

Room and board in excess of community average or where the cost of extra care exceeds the above rates must be approved as an exceptional consideration.

8. Shelter

a. Primary need.

(i) Shelter Ceiling.

Standards

A monthly shelter allowance may be provided to a recipient for actual shelter costs but the amount provided must not exceed the limits prescribed in Schedule B of the Social Allowance Regulations which are outlined below:

	Person(s) Receiving Social Allowance Only	Person(s) Receiving Social Allowance and AISH Handicap Benefit
1 person	$290	$390 per month
2 persons	430	530 per month
3 persons	490	590 per month
4 persons	505	605 per month
5 persons	525	625 per month
6 persons	545	645 per month
7 persons	565	665 per month
8 persons	585	685 per month
9 persons	605	705 per month
10+ persons	625	725 per month

The shelter ceiling applies to the sum of the monthly needs for rent, fuel and utilities in rental accommodation. In the case of purchased accommodation, the shelter ceiling applies to the sum of the monthly needs for payments on the mortgage or agreement for sale, municipal taxes, fire insurance, fuel and utilities, condominium fees, homeowners maintenance allowance and lot rental. Any component of the shelter allowance which is not paid on a monthly basis must be pro-rated to determine the monthly amount to be used in the calculation of the shelter need. (See Social Allowance 8, J for calculation procedures, p. 65.)

Recipients in shared accommodation will only be provided with an equitable share of the shelter costs. In these situations, the above shelter policy applies.

Where a homeowner, while in receipt of social allowance, assumes or refinances a mortgage for such things as payments of debts, home improvements, travel, etc., the resulting increase in shelter payments will not be allowed.

Standards

If assistance is being provided for payment of a mortgage or an agreement for sale, a caveat will be registered against the home occupied by an applicant or recipient when the home is jointly owned by the recipient and a separated spouse, or another person. SSCH 720 Caveat Registration Request is used for this purpose. (See Part XIII Forms, p. 251.)

Foster children and children under the guardian social allowance program are not to be used to determine family size for shelter ceilings.

When a recipient's child or children are apprehended, they may continue to be included in the determination of the family size until the court makes a decision. If the court decides that the child is not to be returned home, the shelter allowance is to be adjusted accordingly.

Where a recipient's family is to be reunited through the return of wards or children under custody by agreement, the number of children may be used to determine the shelter ceiling up to a maximum of three months before return to the parent. A memo of explanation and recommendation is required from the child's social worker.

(ii) Utilities (water, sewer, electricity and fuel).

Standard

Allowances for utilities (excluding telephones) are components of the shelter ceilings set out in the Social Allowance Regulations. The combined monthly shelter-related expenses must not exceed the limits specified above.

The average monthly utility cost is to be calculated as accurately as possible and included in the shelter allowance. Recipients should be encouraged, where possible, to have their utilities averaged through an equalization plan.

Standard

Where bulk purchases (propane, heating oil, water, etc.) are authorized, the cost may be averaged over the months it is intended to cover. The averaged amount combined with other shelter components must not exceed the monthly shelter ceiling.

(iii) Homeowners Maintenance Allowance.

Standard

A homeowners maintenance allowance may be paid to recipients of social allowance who own and reside in their home, including persons who own Co-op housing units. The allowance is to be used for minor repairs and on-going maintenance. The rate is $19 per month and is specified in Schedule B of the Social Allowance Regulations. This allowance is also part of the shelter ceiling specified in Schedule B.

(iv) Fire Insurance.

Standard

An average monthly amount of fire insurance may be included in shelter needs for homeowners only and is subject to the shelter ceilings.

b. Special needs.

(i) Damage Deposit (Rental Accommodation).

Standard

Where the recipient is unable to pay a damage deposit from his own resources, an amount equal to the damage deposit, but not exceeding $200, may be authorized by the social worker. The district manager, assistant district manager or casework supervisor must approve all damage deposits exceeding $200, and the approval must be recorded on the file.

Standard

Recovery of the advance must be made by monthly reductions in social allowance as set out in the policy on recovery. (See Part VIII Recoveries 1, p. 142.)

The payment of damage deposits to a landlord and recovery from a landlord, are the responsibility of the recipient.

Where an applicant or recipient has an existing damage deposit and is moving, no new damage deposit is to be issued unless the applicant or recipient attempts to obtain an immediate refund of the existing damage deposit for application to the new accommodation, or attempts to have the new landlord wait for the damage deposit until the existing damage deposit is refunded.

Standard

Whenever a new damage deposit is issued and there is an existing damage deposit, form SSCH 164 Damage Deposit Statement of Obligation, must be completed. This also includes cases where the previous damage deposit was not paid by the department.

If these efforts are not successful, a new damage deposit may be authorized under the condition that within two weeks, the recipient must obtain the following statement from the landlord and submit it to the social worker:

- the amount of the previous damage deposit, or
- the balance of the previous damage deposit plus a statement of damages, or
- the statement only, if damages equal the total of the previous damage deposit.

If the recipient does not meet these requirements, a reduction of the total amount of the previous damage deposit must be deducted from benefits issued for the following month except where the recipient has initiated action through the courts or the Landlord and Tenant Advisory Board. Once the board or court has made a decision, a review is to be completed to determine if a deduction should be made from the following months' benefits.

Standard

When assistance terminates, the balance of a damage deposit which remains unpaid, must be collected if the person reapplies for assistance.

Standard

Damage deposits must not be provided in room and board situations.

Standard

Repayment agreements for damage deposits are required if the amount of the damage deposit exceeds $250. (See Part VIII Recoveries 1, p. 142.)

(ii) Co-op Housing.

Standard

Up to one half of the cost of a share required by a recipient to enter Co-op Housing may be authorized to a maximum of $500. Recipients must pay the remaining cost of the share from their own resources. The amount authorized is subject to recovery. (See Part VIII Recoveries 1, p. 142.)

(iii) Utility Deposits.

Utility deposits may be issued up to $100 and are subject to recovery. (See Part VIII Recoveries 1, p. 142.) A deposit will only be provided if the utility company levies such charges against other consumers as well as social allowance recipients.

Standard

Where the utility deposit exceeds $100, prior approval must be obtained as an exceptional consideration.

(iv) Utility Arrears.

Standards

Social allowance recipients are expected to make their own arrangements for settlement of utility account arrears. Payment on accounts that are in arrears will not be considered except in situations where disconnection of service is imminent and the applicant or recipient lacks the funds required to settle the account.

- Under ceilings

  The utility arrears may be authorized as a special need if the shelter ceilings are not exceeded.

- Over ceilings

  If payment of the arrears would, when combined with other shelter components, exceed the shelter ceiling for the months covered, payment must not be provided unless the Regional Director approves this as an exceptional consideration on a repayment basis and only once during a period of continuous and uninterrupted eligibility as outlined in Social Allowance 6, C, 8, c, (i), p. 28.

When recipients have been provided with utility allowances, payments for arrears, including penalties for late payments, these are subject to recovery in accordance with the policy on recoveries. Where fuel and utilities are provided by authorization SSCH 18SA, penalties for late payments may be included.

(v) Rental Arrears/Damages to Rental Accommodation.

The department is not a party to a lease or any rental arrangement between landlord and tenant and will not accept liability for non-payment of rent or for any damage done by a recipient to rented accommodation. Social workers should make this clear to inquiring landlords. A damage deposit held by the landlord is normally sufficient to cover damages caused by his tenant. If a recipient defaults on rent payments or causes damages which exceed the deposit held by a landlord, the onus is on the landlord to collect any such damages or rent arrears from the tenant.

If the landlord is unsuccessful in collecting damages or arrears, he may take legal action and obtain a court order against the recipient for payment of the damages or arrears. Deductions in accordance with recovery policy may be made from social allowance payments, up to the amount of the arrears, or the amount of damages if:

- the recipient refuses to pay on the court order, and
- the recipient has no income other than social allowance with which to make payments on the order, and
- in the case of rent arrears, social allowance funds have been available to pay the rent.

Standard

A copy of the Certificate of Judgement and Writ of Execution must be attached to the SSCH 502 Record of Recovery Sheet.

Amounts deducted from social allowance may be paid on an annual basis by Revenue Administration to the landlord or his agent as full or partial payment of the terms of the court order, subject to the following:

- any overpayments or repayments owing to the department have priority over this recovery, and
- any deductions will be made to a maximum of 36 months or to the time of cancellation of social allowance, whichever is sooner.

Recipients known to default on rent payments should have their social allowance provided by district office issue with shelter allowance paid by authorization SSCH 18SA.

(vi) Emergency Accommodation.

Standard

In special circumstances, emergency accommodation may be granted at a local hotel or motel. It is expected that arrangements for suitable accommodation will be made immediately. Authorization for hotel or motel accommodation must not exceed 30 days. The shelter ceilings are not applicable to emergency accommodation in a hotel or motel.

c. Exceptional consideration.

Exceptional considerations relating to shelter that do not result in the shelter ceilings being exceeded, may be considered subject to the general authority delegated for exceptional considerations.

The authority for certain exceptions which exceed the shelter ceilings is outlined in the Social Allowance Regulations as listed below. The authority for these exceptions is delegated only to the Regional Directors. SSCH 721 Excess Shelter - Request and Decision is used for this purpose. (See Part XIII Forms, p. 251.)

(i) The Regional Director may authorize payment of an extraordinary utility charge which combined with the other shelter components exceed that allowed in Schedule B of the Social Allowance Regulations, if the recipient:

Standards

(a) has not received approval previously under this section (during the current uninterrupted period of eligibility), and

(b) agrees to repay the amount in excess of the shelter ceiling by entering into a Repayment Agreement.

(ii) Where the Regional Director is of the opinion that there is extreme hardship and where:

(a) a physician has certified that an applicant or recipient's health would be endangered by a move, or

Standards

(b) a disabled person is living in accommodation specially adapted for his circumstances and the special shelter allowance for the disabled is insufficient, or

(c) no suitable accommodation is available for a family of 5 or more within the existing ceilings,

the Regional Director may, if he is satisfied that no other resources are available, provide an additional allowance for shelter of up to $300 per month for no more than three months.

In each case where the Regional Director exercises this discretion, the Minister's office is to be advised in writing.

Standard

(iii) If an applicant for social allowance, who is a homeowner, has shelter needs in excess of the authorized amount under Schedule B of the Social Allowance Regulations, the Regional Director may approve payment of an additional amount not to exceed 50% of the amount over the shelter ceiling only during the first three months that the homeowner is in receipt of Social Allowance. This benefit may be provided only on a one-time basis.

9. Home Repairs and Improvements (Special Need)

Recipients are required to make use of all other programs that are an applicable resource before a requested repair or improvement may be considered under the social allowance program. Therefore, district office staff should be familiar with all programs available in their area such as:

(a) the Emergency Repair Program (ERP)
(b) the Home Adaptation Program (HAP)
(c) the Canadian Home Insulation Program (CHIP)
(d) the Alberta Pioneers' Repair Program (APRP)

a. Caveats.

Standard

Recipients who own property must be advised that, under the authority of the Maintenance and Recovery Act, a caveat may be registered for any repairs or improvements. Caveats will be registered where the approved cost of improvements is $1,000 or over. In the case of multiple repairs or improvements, a caveat is to be registered when the accumulative total is $1,000 or over.

Form SSCH 720 Caveat Registration Request is to be used to request a caveat.

Form SSCH 763 Certificate of the Director of Maintenance and Recovery is used to discharge the registration made in Land Titles Office of agreement or order. (See Part XIII Forms, p. 252.)

b. Home improvements.

Home improvements may be authorized only for the aged, handicapped or large family units who are residing in their own homes. This policy applies only to persons who, because of advanced age, physical handicap or the number of dependants, may be forced to move to a senior citizen's home, other institution or to another home due to the inadequacy of their own accommodation. In most instances, the improvement will involve the installation and connection of a public utility; however, in the case of a large family, it may include an addition to the existing building to accommodate the family.

Standard

Before authorizing home improvements, the approving authority must ensure that the building is worth repairing and that the anticipated period of assistance justifies the expenditure.

Allowances will not be included on a recipient's budget for the repayment of loans obtained by the recipient for home improvements, except in projects under the Residential Rehabilitation Assistance Program.

c. Essential home repairs.

Standard

Essential repairs to the residence owned by a recipient of social allowance may be authorized. Conditions requiring essential repairs include:

(i) structural damages, such as, damage to foundation, roof or walls that render the home unsafe or unsuitable for habitation.

(ii) heating or electrical system failure, including repairs identified as necessary by a provincial or municipal inspector and replacement where the existing system has been condemned by the inspector.

(iii) health hazards, such as, broken windows, damaged toilets, drains, counter tops and linoleum.

Recipients who own Co-op housing are considered homeowners. Essential repairs to the individual unit may be considered but payment must not be provided for repairs or improvements to the Co-op complex which could be assessed to all residents.

Standard

Minor repairs and ongoing maintenance are to be met from the Homeowners Maintenance Allowance. Items which are not essential home repairs are not to be authorized. The recipient is expected to make such repairs himself or to make his own arrangements to have such repairs completed. Examples of non-essential repairs are:

(i) repairs to other than the dwelling house, such as fences and garages,

(ii) redecorating,

(iii) repairs to basement from seepage where the cause is other than major structural damage,

(iv) incidental repairs such as leaking faucets, broken screens or door knobs.

d. Procedures for repairs or improvements.

SSCH 12 Home Repairs Information and Decision Sheet, is to be used for presentation of the requested repairs and recording of information, evaluation and decision.

Standards

Recipients are to obtain three quotations from reputable and competent companies or individuals. District managers, assistant district managers or casework supervisors are to use their discretion in areas where three quotations are not available or where the recipients are not able to obtain quotations. Where the recipients are able to perform the repairs through their own resources, only materials will be provided. Managers must review all anticipated home repairs to ensure that non-essential or unwarranted repairs or improvements are not included. Consideration is to be given to determine whether the house is worth repairing or if additional costs may occur when a specific repair is made. Under 'Authority to Proceed', identify items approved and the total cost. If requested repairs are rejected, reasons should be given.

Home repairs and improvements are to be authorized by SSCH 18SA only, except where the Alberta Housing Corporation submits a billing to the district office for services.

e. Instances where consultation or special inspection and estimate are required.

The Home Repair and Improvement Committee will be available for consultation in the following situations:

Standards

(i) where numerous repairs are being requested for one dwelling and the whole project is expected to be very costly.

(ii) in difficult cases where there is question that the repairs are essential.

(iii) where the department is requested to share in cost of repairs under the Residential Rehabilitation Assistance Program (RRAP) in areas other than rural and native RRAP (north of highway 16): Repair to the homes of social allowance recipients can be achieved through a combination of RRAP and social allowance repair and improvement policy. The cost of repairs above the $5,000 forgivable amount of the RRAP loan may be covered by social allowance only for those repairs and improvements which fall within the scope of the social allowance program.

In such instances district offices may refer the case to the Home Repair and Improvement Committee by memorandum attaching a copy of the SSCH 12 with parts A, B and C completed. This copy should be sent to:

Chairman
Home Repair and Improvement Committee
Income Security Program
Central Office

The Committee may involve Alberta Housing Corporation to complete an inspection, provide an estimate and make a recommendation. Contact with

Alberta Housing Corporation is only to be made through the Home Repair and Improvement Committee.

Where Alberta Housing Corporation provides an inspection service, they will send their bill to Income Security Accounts, Central Office.

f. Where home repairs and improvements are $500 or more.

Standard

Where the cost is $500 or more, a Canada Assistance Plan form CAP 20 is to be completed by the district manager and sent to the Field Representative, Canada Assistance Plan, Central Office.

g. In case of repairs made without prior authorization.

Standard

Consideration can only be given to paying for repairs made without prior authorization in cases where the service required would have been provided if the department has been approached in advance. In these instances, the amount authorized shall not exceed the amount the department would have paid had it been authorized in advance. The district or area manager's approval and authority level applies in all such situations.

10. Telephones (Special Need)

a. Basic telephone rental.

Basic telephone rental may be authorized when required for:

(i) medical reasons

Standards

If there is not sufficient evidence that a telephone is required, the onus is on the recipient to establish his need by producing a medical confirmation certifying the necessity of a telephone. Only after the medical report is received can the telephone allowance be provided. A copy of this medical is to be retained on the recipient's file.

(ii) employment or training

(iii) seeking employment

Recipients seeking employment may be provided with a telephone for a maximum period of three months.

b. Telephone deposit.

Standard

When a telephone is required for one of the above reasons, a telephone deposit may be authorized. The amount authorized must not exceed $100 and is subject to recovery. (See Part VIII Recoveries 1, p. 144.)

11. Laundry Allowance (Special Need)

Standard

Social Allowance recipients who have washing machines or who have free access to laundry facilities are not entitled to a laundry allowance. Persons in receipt of long term basic allowance who do not have a washing machine may be provided with one as outlined in 14, Appliances and Furniture. Persons who do not have a washing machine, including persons in nursing homes and auxiliary hospitals, may be provided with a laundry allowance as specified in Schedule A of the social allowance regulations. Since the rates are in regulations they must not be exceeded. (See Part XII Rate Schedules and Codes A, 1, pp. 165-167.)

12. Vacuum Cleaners (Special Need)

Standard

Vacuum cleaners may only be authorized when it is determined that the vacuum cleaner is a medical necessity. A medical report is required to confirm the medical condition and the need for the vacuum cleaner. The amount authorized must not exceed $144.

13. Humidifiers (Special Need)

Standard

Humidifiers may only be authorized when it is determined that the humidifier is a medical necessity. A medical report is required to confirm the medical condition and the need for the humidifier. The amount authorized must not exceed $139.

14. Appliances and Furniture (Special Need)

Standard

Ranges, refrigerators, wringer washing machines and essential furniture may be authorized by the district manager, assistant district manager or casework supervisor in emergency situations only after all other resources have been explored. In all cases where appliances or furniture is provided by the district office, there must be an itemized list, together with the price for each item, shown on the cheque requisition SSCH 17 or SSCH 18SA Authorization and Invoice. Items such as automatic washers, dryers, sewing machines, deep freeze units, television sets, record players, tape recorders, radios, drapes, rugs and coffee tables are not considered essential and must not be provided.

a. Appliances.

Local purchases of new or used appliances such as ranges, refrigerators, and wringer washers are encouraged. The suggested amounts quoted by Public Works Supply Services (PWSS), are as follows:

- Ranges, electric, 30"	$405
- Ranges, gas, 24"	515
- Ranges, gas, 30"	537
- Refrigerator, 10 cu. ft.	342
- Refrigerator, 14 cu. ft.	400
- Washer, wringer, electric	246

(The actual freight costs may be added to these prices when calculating the total purchase price of these items.)

Other items required in special areas in the province, such as wood cook stoves, gas-driven washing machines and propane fridges may be purchased only after approval has been obtained as an exceptional consideration.

Standard

Repairs to refrigerators, ranges, wringer washers and automatic washers may be authorized up to a maximum of $125. The social worker must be satisfied that the cost of the repairs is warranted.

b. Furniture.

Essential furniture may be authorized according to the following suggested price list:

- Bed box c/w legs. 39"	$ 60
- Bed box c/w legs, 54"	66
- Mattress, 39"	73
- Mattress, 54"	86
- Lounge, armless	132
- Chair, armless	39
- Lounge, w/arms and chair	303
- Lamps	26
- Table, kitchen 30" x 40" x 48"	58
- Table, kitchen 36" x 48" x 60"	97
- Table, kitchen 36" x 48" x 72"	117
- Chairs, kitchen	22
- Drawers, chest of (4 drawers)	64
- Dressers, c/w mirror (3 drawers)	63
- Beds, bunk, c/w posture board only, 36"	140
- Beds, bunk, c/w posture board and mattress, 36"	271
- Beds, bunk, c/w posture board only, 39"	140

- Beds, bunk, c/w posture board and mattress, 39"	290
- *Crib, baby	121
- Mattress, baby crib	45
- High chair	34
- End tables	26

NOTE: *Baby cribs may only be authorized by SSCH 18SA and must meet the standards as outlined in the Hazardous Products Act. Authorizations issued must contain the phrase:

> "One crib which meets the standards as outlined in the Regulations under the Hazardous Products Act".

In areas where this type of crib is not available, a telex requesting a crib is to be sent to Public Works Supply Services in Edmonton.

15. Moving Expenses (Special Need)

When a recipient, who is without resources, is required to move for reasons of health or well-being, moving costs may be authorized. Recipients who are able to complete the move themselves are expected to do so. Services of an approved mover may be authorized for persons who are unable to move themselves. District offices are provided with a list of approved movers as compiled by Alberta Government Services. Authorization for moves will be issued only to the companies indicated on the list which has been prepared according to the rates charged and the services provided. The reason for moving is to be recorded on the recipient's file and no more than one move per 12 month period may be authorized. An authorization is not provided where the cost of the move exceeds the replacement value of the furniture.

Standard

A move after the fact must not be authorized unless approval is obtained as an exceptional consideration.

a. Excluded items.

Standards

Authorizations for moves are not to include the following:

(i) boats, parts of boats, trailers, ski-doos,
(ii) fuel (liquid or solid),
(iii) patio stones,
(iv) outdoor barbecues (brick, cement, or stone),
(v) building material (lumber, cement, blocks, bricks, etc.),
(vi) portable buildings,
(vii) commodities that by tariff restriction and law may not be moved with household effects, or
(viii) farm or construction equipment.

b. Maximum rates.

Standards

(i) Moves by friends or relatives and/or the use of U-hauls or truck rentals may be authorized to an amount not exceeding $167. This may be authorized by SSCH 18SA or by district office cheque.

(ii) Rates paid to an approved mover for local moves

1 truck and 2 men .... Max. $44 per hour
1 truck and 3 men .... Max. $50 per hour

(iii) Rates paid to an approved mover for moves between centres within Alberta will be the rate according to the G. Tariff.

(iv) Rates paid to an approved mover for moves outside of Alberta will be the rate according to the Standard National Tariff. (See Social Allowance 7, A, 23 Repatriations, p. 62.)

c. Responsibilities of recipients.

It is imperative that the recipient be informed that he is expected to be at home to receive the movers. The new residence must be available at the time of the move and his co-operation in this respect is vital in order to avoid unnecessary costs as a result of "waiting time".

Standard The recipient is responsible for the cleaning of the residence and the packing of dishes, clothing, etc., except where the recipient is unable to do the packing due to medical reasons or age. If the Department is to cover the cost of packing and/or for payment for overtime, a statement to this effect must be included on the SSCH 18SA; otherwise, the statement "no packing, no overtime unless previously approved" is to be included on the SSCH 18SA.

Standard Recipients should be advised that, except in cases of emergency, moves by approved movers on weekends or out of normal working hours will not be authorized.

d. Procedures.

Where an approved mover is used, payment will be authorized by SSCH 18SA and the payment will be for:

- the exact services required - only services authorized will be processed for payment.
- the exact rate.
- only basic insurance will be provided. To ensure this, the term "Released Value" is to be included in the authorization.

Standard The mover must complete Request for Moving form SSCH 123 which is to be attached to authorization SSCH 18SA and submitted for payment.

e. Persons moving into Alberta.

Standards The following policy shall apply when a person moving to Alberta from another province requests that the department pay for his moving/storage charges:

- if the person has arrived and his furniture is still in his home province, this department will not pay any moving/storage costs.
- if the move was authorized by another province, then that province is responsible to pay the moving/storage charges incurred.
- if the person has arrived with his furniture without prior approval, an assessment is to be made by the district office. The cost of providing new furniture or finding furnished accommodation is to be first explored and the area office consulted for further direction.

f. Liaison with Alberta Transportation.

Standard Regions are responsible for establishing liaison with Alberta Transportation on matters requiring consultation or clarification. A contact person should be designated for each region. (See Social Allowance 8, N 1 and 2, p. 67.)

16. Transportation (Special Need)

Standard The transportation allowance provided to persons qualifying for this benefit must be based on the most economical means of transportation that is feasible under the circumstances. Normally, this would mean utilization of public transit when it is available. Where bus service or other transportation is not available and the recipient requires the use of a car, and allowance of up to 8 cents per kilometer (13 cents per mile) may be provided.

A gasoline purchase may be authorized in cases of approved repatriations where the person has a vehicle.

Authorizations for the use of taxis by recipients are only to be provided in the most urgent situations, usually for medical purposes. Recipients may be provided with an allowance for the purchase of a bus pass or the supply of tickets required to cover the transportation for the portion of the month that represents work days. In the latter instance, and in centres where buses operate on the "exact fare" system, the allowance is calculated by considering fare costs based on work days per week (normally five days) and multiplying this cost by the factor 4 1/3 to arrive at the monthly allowance requirement. Where the requirement for a transportation allowance is irregular it must be provided by district office issue or in the City of Edmonton transit tickets may be provided.

Standards

A transportation allowance may be granted for:

a. Employment.

Recipients who are seeking employment, or who are employed and require transportation to and from their place of employment may be provided with a transportation allowance.

b. Education or training programs.

Recipients engaged in education or training programs may be provided with a transportation allowance, except for persons receiving a training allowance or funding from the Students Finance Board.

c. Medical reasons.

Recipients who, by virtue of poor health, disability or handicap, are required to attend medical appointments on a regular basis may be provided with a transportation allowance. If the medical condition is not evident, a medical report substantiating the need is required and this must be retained on the file.

Where recipients have documentation from a physician, confirming the need to travel to another centre for medical treatment, and do not have sufficient resources to make the trip, the trip may be authorized.

Disabled persons attending rehabilitation workshops or rehabilitation centres who cannot use the public transportation system may be provided with an allowance for other means of transportation.

Recipients who are registered as blind persons with the Canadian National Institute for the Blind (CNIB), may be provided with a free bus pass by the CNIB or by the Public Transportation authority. When this is available, no transportation allowance is to be provided.

d. School bus passes.

Where the local school district requires the purchase of monthly school bus pases, the cost averaged over a 12 month period may be shown as a need for dependants of social allowance recipients. For district office issue cases, this requirement may be authorized by SSCH 18SA.

17. Employment Incentives

Standard

Recipients who are seeking employment or enrolled in training, particularly those receiving EOP services, may require certain items to facilitate employment or training. Although EOP workers may recommend the issue of these items, this recommendation is not a prerequisite to approval of the benefit.

a. Special needs.

(i) Auto Insurance Premiums.

Standard Auto insurance premiums may be authorized for a period not exceeding six months where the vehicle is required to seek or commence employment or training. The amount of coverage must be limited to the minimum statutory requirement in Alberta.

(ii) Typewriter Rentals.

Standard Typewriter rentals may be authorized for recipients engaged in secretarial courses or for a period not to exceed three months for persons seeking secretarial employment.

(iii) Truck Rentals.

Truck rentals may be authorized to enable recipients who are truck drivers to obtain the Alberta certification necessary for employment.

(iv) Hair Care.

Hair appointments may be authorized where they are necessary for a recipient to obtain a job interview.

(v) Trade Tools.

Standard Trade tools may be authorized where a recipient has confirmation of employment, and requires hand tools to accept the position. The hand tools must be authorized by SSCH 18SA. The amount authorized must not exceed $100 unless approval is obtained as an exceptional consideration. The funds authorized are subject to recovery. (See Part VIII Recoveries 1, p. 144.)

(vi) Taxi Transportation.

Standard Where transportation by taxi is absolutely essential to allow a recipient to get to his place of employment, this may be authorized for a period not to exceed one week to allow time for alternate arrangements.

b. Exceptional considerations.

(i) Union Dues.

Union dues may be authorized when necessary to allow a recipient to commence employment.

(ii) Minor Vehicle Repairs.

Minor vehicle repairs may be authorized for recipients who have confirmed employment or training when they are unable to utilize public transportation and are not in receipt of an earning exemption.

18. Babysitting Services (Special Need)

A monthly allowance for babysitting may be provided to recipients who have children requiring babysitting where the recipient is:

a. employed, or

b. in a training or education program where the Student Finance Board, Alberta Manpower or Canada Manpower are not providing funds for this purpose.

Babysitting may be authorized on a hourly basis for persons who are actively seeking employment.

Standard Due regard must be given to the ages of the children in determining the necessity for and amount allowed for babysitting.

19. Subsidized Day Care (Special Need)

A monthly allowance for subsidized day care may be provided to recipients who have children requiring day care where the recipient is:

a. employed, or

b. in a training or education program where the Student Finance Board, Alberta Manpower or Canada Manpower are not providing funds for this purpose.

Subsidized day care may be authorized for a maximum of one month for persons who are actively seeking employment.

Standard The amount allowed for subsidized day care must not exceed the minimum family payment prescribed under the Day Care Subsidy Program which is currently $45. Funds must not be provided to cover surcharges.

20. Kindergarten Fees - Early Childhood Services (Special Need)

Where recipients have children in a kindergarten approved under the Early Childhood Services Program (Department of Education) the fees may be authorized.

21. Recreation Allowance (Special Need)

a. Eligibility and benefit level.

Children of long-term recipients are eligible for the full recreation allowance benefit with no reference to their length of time in receipt of assistance.

Children of short-term recipients may be provided with a portion of, or the full recreation allowance, based on identified need.

A recreation allowance of up to $220 per calendar year per child may be provided. This is sufficient to cover most activities and, in the case of less expensive activities, permits the child to become involved in more than one activity.

Standard The recreation allowance is not to be used as an item of need to establish eligibility when applying for social allowance.

b. Coverage.

Standard For the positive development and betterment of the child, the activities approved must be recreational and/or cultural. The child is to be an active participant in these activities.

Up to 50% (maximum of $110) of the child's recreation allowance may be used for the purchase of equipment, musical instruments, or other materials required for participation.

The recreation allowance may be used for payment of camp fees and reasonable transporation costs.

The recreation allowance may be used for payment towards student exchange programs or school tours to other provinces or countries, if other resources are not available.

Standards c. The recreation allowance will not cover:

(i) the purchase of home recreation equipment such as pool tables, toys, T.V.'s, shuffle boards, etc.

(ii) the cost of attending a movie, hockey or other sporting games, symphony concert or other similar spectator events. Exceptions can be made for the handicapped who are not able to actively participate in recreational/cultural activities.

(iii) transportation to and from recreational/cultural activities. Usually, coaches and parents cooperate to provide rides to games and activities.

(iv) the purchase of such items as bicycles, community league fees, family clubs, etc..

(v) school field trips.

d. Administration of allowance.

The full allowance of $220 may be authorized for one item or for a combination of separate activities but the sum must not exceed $220 per child per calendar year.

The $220 recreation allowance will be payable during the calendar year, regardless of the time of application during the year.

Standard

In considering approval of items such as sports equipment, musical instruments, etc., the social worker or district manager shall make sure the costs and standards are similar to those established within the community and in accordance with the age of the child. Prior to purchase of new equipment, the worker shall consider two other factors: buying good second-hand equipment, and the trade-in value of previous equipment purchased.

Standard

The allowance should primarily be issued by SSCH 18SA, but in instances where a monthly payment of fees is required (such as music lessons), the fee may be included in the monthly benefits. Workers are to ensure that the recreation allowance is used for the purpose intended.

Reimbursement of the recreation allowance to recipients may be provided by district office cheque, SSCH 17 for allowable recreational items when receipts as proof of purchase are produced.

Standard

For monitoring purposes, district offices must maintain form SSCH 451, Recreation Allowance Expenditure Record, on all dependents who are being provided with this allowance. (See Part XIII Forms, p. 247.)

22. School Books, Supplies and Needs (Special Need)

a. Basic school needs.

Basic school needs may be authorized for children attending school and dependent for support on a recipient of social allowance.

Standard

The school allowance covers the cost of basic school items such as: scribblers, workbooks, textbooks, pens, pencils, crayons, yearbook, local field trips, and locker rental. The actual cost of school supplies is authorized in cases where the cost is less than the allowance rates quoted. Students in the higher grades, particularly Grades 10, 11, and 12, are expected to use their own resources as far as possible to obtain used books and supplies and to make use of previous year's supplies. The rates for school books, rentals, fees and supplies for the 1983-84 school year are as follows:

Grades 1, 2, and 3	$28
Grades 4, 5, and 6	35
Grade 7	63
Grades 8, and 9	59
Grade 10	75
Grades 11, and 12	71

b. Other school needs.

Standard

School supplies or items that may be approved for payment in addition to allowances for basic school needs include the following:

gym suit or sweat suit
gym socks
running shoes
locker locks
beauty culture kit
shop material (max. $24)
shop coveralls (2) or shop apron (1)
home economics supplies (i.e. sewing, cooking, etc., maximum $24)
school bags/lunch kit

c. Methods and conditions of issue.

Benefits may be authorized by district office issue.

Standard

The issue may occur no more than one month prior to commencement of the school year or semester and benefits may be included with other monthly needs.

Students in a semester system may be provided with 2/3 of the allowance at the beginning of the first semester and the balance at the beginning of the second semester.

When the District Office Cheques is used to provide school supplies, each child's name, grade and rate for school supplies is to be noted in the comments section of the cheque requisition.

d. Excluded school expenses.

Standard

Items that are not to be provided under the social allowance program are:

lessons for driver training
spectator sports
school insurance
school papers
caution fees
briefcases
overnight field study trips
non-resident school fees
    students should be referred to their school board for home payment fees
correspondence courses
    these are provided without charge to social allowance recipients

23. Homemaker (Special Need)

Homemaker services may be authorized where it is essential to meet the needs of the family because of illness, disability or absence of the parent. This may include such circumstances as the mother in the hospital or illness which renders a mother or father incapable of caring for children.

Standard

Written confirmation from a physician, a health unit or the home care coordinator is required identifying the number of hours per day and number of days per week homemaker services are needed. This statement must be retained on the recipient's file.

Generally, the need for a homemaker is on a short term basis. If the circumstances indicate that a homemaker will be required for an extended period, the monthly cost may be included in the monthly entitlement.

Standard

District offices are responsible for maintaining a list of the municipalities in their areas which are providing homemaker services and a schedule of rates.

24. Co-ordinated Home Care Program (Special Need)

The first two weeks of services provided under the Co-ordinated Home Care Program are free. After the expiration of the two-week period, the service fee, if required, may be included in the monthly needs.

Standard

Social Allowance recipients who may benefit from this program are to be referred to the home care co-ordinator in the district office area.

25. Handicap Benefit (Special Need)

Standard

Recipients of social allowance who have also been found eligible for the Assured Income for the Severely Handicapped program are entitled to a handicap benefit of $52 per month.

26. Alberta Health Care Insurance Plan Coverage (Special Need)

a. Method of coverage.

Social allowance recipients are provided AHCIP premium fee coverage under the department's group registration. The only exception to this is where a recipient is employed or is covered by his spouse.

Standard

Where an applicant/recipient is to be provided with AHCIP coverage under the department's group registration, the applicant's AHCIP number and the registration number of each dependant must be obtained and correctly recorded on the file. This applies whether the applicant is registered independently, as the head of a family or as a dependant of another person. In these instances, the social worker will complete the registration form, AHC 102, and record the recipient file number in the "Payroll Number" section of the form along with a notation indicating AHCIP Status "1". In the case of an immigrant (identified by the Social Insurance Number - 900,000,000 series), Alberta Health Care Insurance Plan requires a copy of the Canada Entry Record along with a copy of the letter of consent (Immigration letter of referral to this department) to be attached to the AHC 102. Once registered with AHCIP, the registration number assigned remains unchanged. AHCIP coverage will commence from the first of the month during which the social allowance application is taken.

In the case of social allowance applicants, the Alberta Health Care Insurance Plan has agreed to waive the 90 day waiting period and provide immediate coverage.

If a recipient should have been registered under the department's group coverage but was not registered, the casework supervisor may approve a backdate for AHCIP coverage.

Where an applicant/recipient is employed and is required to pay AHCIP premiums on a group coverage basis, these premium payments are accepted as a valid payroll deduction in determining a recipient's net income.

Senior citizens (persons 65 years of age or older) and their dependants are covered for health services under the Extended Health Benefits program. Health services not covered under the extended health benefits program may be covered under the social allowance program.

b. Benefits.

The Alberta Health Care Insurance Plan provides basic health and hospitalization services for all Albertans. It includes the services of physicians, surgeons, ophthamologists, podiatrists, osteopaths, and chiropractors, as well as refraction of the eyes by an optometrist and certain oral surgery (not routine dental work) performed by dental surgeons.

The cost of care in an active treatment hospital is covered by AHCIP with no admitting fee being charged for hospital admissions of social allowance recipients.

The first 120 days of care in auxiliary hospital is covered by AHCIP. (See Social Allowance 7, A, 15, p. 53.)

Standard District offices must not authorize fees which exceed the rates paid by the commission, nor authorize services excluded or limited under coverage for persons eligible for AHCIP.

c. Medical services for single employable persons.

Standard Authorization for medical services is not issued to any single employable person who is ordinarily resident in Alberta and whose coverage can be reinstated.

Persons who enter Alberta and demonstrate or express an intent to live and work in the province are required to register with AHCIP and should be encouraged to do so. Coverage under the plan does not become effective until the first day of the third month after the date of application for registration. Emergency medical services may be authorized by SSCH 18SA until coverage is in effect.

Persons who are, in effect, passing through Alberta are not required to register for AHCIP. Authorization for emergency medical services may be issued by SSCH 18SA.

Persons registered at Single Men's Hostels who require hospitalization and/or surgery may be provided with immediate AHCIP registration. The hostel manager or casework supervisor should send a memo to the Medical Card Inquiries Unit explaining circumstances.

A person supported in private accommodation or provided with services-in-kind at a hostel is eligible for medical services for that period during which he is actually in receipt of hostel services.

The following provisions apply:

(i) where the recipient is accommodated in a hostel for an overnight period, medical services may be authorized for the day for which the overnight accommodation is provided and 48 hours following the overnight.

(ii) where the recipient is assisted with meals only, medical services may be authorized only for the date(s) during which meal(s) are provided.

(iii) where services-in-kind are interrupted and reinstated within the ordinary assistance period, payment for medical services incurred in Alberta during this interruption may be authorized where it is determined that the recipient was without resources to cover these expenditures.

Medical expenses incurred prior to the period of assistance are the recipient's responsibility.

d. Cancellation of AHCIP premium payments coverage.

Alberta Health Care Insurance premium payments coverage will be cancelled following termination of social allowance. Recipients should be encouraged to apply for subsidized premium or waiver of premium through AHCIP to have continuous coverage.

When social allowance benefits are held pending possible cancellation and are subsequently cancelled retroactively, AHCIP premium coverage will not be cancelled retroactively, but will terminate following the decision to cancel benefits. Recipients will be notified by AHCIP as to the effective date of cancellation.

Clients leaving Alberta should be advised to contact AHCIP directly concerning information pertaining to medical coverage.

27. Medical Services Card (Special Need)

Standard In addition to benefits provided under the Alberta Health Care Insurance Plan, social allowance recipients may receive the benefit of dental, optical and prescription drug services authorized either by a medical services card or by district office issue. "Medical services cards must not be provided to employable recipients."

a. Optical Services (Special Need).

Eye refractions are covered by the Alberta Health Care Insurance Plan, providing one refraction only by either an optometrist or ophthalmologist in each benefit period (July 1 - June 30). Optical services may be provided to eligible persons by either an ophthalmic dispenser or an optometrist as outlined below.

(i) Ophthalmic Dispensers.

Standard Optical services provided by an Ophthalmic Dispenser may be authorized by either a medical services card or an SSCH 18SA. Fees and services are limited to those specified in the agreement between this department and the Alberta Guild of Ophthalmic Dispensers. This agreement is distributed to the district office managers and district office staff should be familiar with the terms of this agreement.

Recipients who have not been provided with a medical services card and require the services of an ophthalmic dispenser are to have this service authorized by SSCH 18SA.

Where services are authorized by SSCH 18SA, the authorization must contain the following phrase:

"Eye glass services in accordance with the terms of agreement with the Alberta Guild of Ophthalmic Dispensers."

Standard Fee amounts must not be entered on the SSCH 18SA.

(ii) Optometrist.

Since the department does not have an agreement with the Alberta Optometric Association, recipients seeking services from an optometrist should discuss coverage with the optometrist prior to obtaining service.

Standard Optometrists who accept the medical services card or a SSCH 18SA as authorization for service will receive payment as per the established schedule of fees. The fees outlined in the schedule must not be exceeded.

Where a recipient has not been provided with a medical services card or where an optometrist requests an authorization SSCH 18SA, optical services are to be authorized by SSCH 18SA with the following statement being entered on the authorization:

"Eye glass services subject to the schedule and fees approved by the department."

Standard Fee amounts are not to be entered on the SSCH 18SA.

Where an optometrist elects to provide service subject to billing the patient directly, social allowance recipients may be reimbursed by either the district office cheque or by having their social workers submit the billing to the Optical Unit, Accounts Payable Section, Central Office.

Standard A breakdown must be obtained prior to reimbursement. Reimbursement is limited to the fee codes and amounts as outlined in the established schedule which is distributed to the district office managers.

- fee code 103 (designing and verifying lens prescription)

- fee code 104 (dispensing fee)
- actual cost of lenses
- cost of frames
- cost of tint if medically prescribed by either an optometrist or an ophthalmologist
- cost of plastic lenses if prescribed by an optometrist or an ophthalmologist
- cost of eye glass case
- repair services with payment under fee code 006 covering fee for service plus actual cost of materials used for repair.

Standard

Other costs associated with the supply or repair of eye glasses must not be authorized. Items not covered include services under fee codes 100, 101, 102 and fee codes ranging from 105 to 712.

(iii) Contact Lenses.

The medical services card does not provide for the purchase of contact lenses, but these may be authorized by SSCH 18SA when the medical need for such lenses is substantiated in writing by an ophthalmologist.

b. Dental Services (Special Need).

Recipients may access the specific services of a certified denturist or dentist.

(i) Services Provided by Dentists.

Standard

Dental fees and services are limited to those specified in the agreement between this department and the Alberta Dental Association. This agreement is distributed to the district office managers and district office staff should be familiar with the terms of this agreement.

Standard

The medical services card covers routine dental care, including the cost of dentures and relining of dentures. The card must be presented before obtaining these services. District managers and casework supervisors may authorize Alberta Dental Association to re-imburse for dental services paid by the recipient while in receipt of benefits.

The card also covers orthodontia preparation fee of $125 plus orthodontic care up to $125 for eligible persons who have not yet reached their 18th birthday. Posterior bridge work and posterior gold work are excluded.

Standard

If a dentist believes that orthodontic care is necessary for a child, he may refer him to an orthodontist who will carry out diagnostic procedures, prepare an estimate of the work required and forward this to the Orthodontic Screening Committee, Alberta Dental Association. If the committee agrees with the orthodontist's recommendation, it will authorize the work, set the fee, pay the orthodontist and forward the account to this department for reimbursement. If the committee does not agree with the recommendation, the agreed fee is paid through the association for preparatory work. The medical services card covers the cost of this preparatory work. Prior to the committee considering the treatment plan, the district manager must complete a report indicating whether he will authorize the committee to proceed or the reason why he feels the treatment should not be approved.

Standards

Employable persons and their dependents are restricted to emergent dental treatment only and are not to be provided with a medical services card. Employable persons may have their dental services authorized by the use of an SSCH 18SA.

Authorizations issued for these individuals must contain the phrase:

"Emergency Dental Services up to a maximum of $115.00 during the period ______________ unless prior authorization is obtained from the Alberta Dental Association."

Under the terms of the agreement between this department and the Alberta Dental Association, dentists are required to consult directly with the Alberta Dental Association before commencing dental procedures in excess of the $115 limit for SSCH 18SA cases and any unusual dental procedures for cases covered by the medical services card.

Unemployable persons, from whom the medical services card has been withheld may have their dental services authorized by the use of the SSCH 18SA.

Authorizations issued for these individuals are not restricted to the $115 limit and must contain the phrase:

"Dental Services pending receipt of the medical services card for the period of ______________ as per agreement with the Alberta Dental Association."

Standard

In any instance where an SSCH 18SA is issued for dental services, the period of time covered for services must be confined to the month during which social allowance is issued.

The Alberta Dental Association maintains a record of frequency of service in connection with the supply of items such as denture replacements and relines. The association may authorize exceptions in emergency situations (such as replacement of dentures if damaged beyond repair or lost).

Since the department places responsibility for redress on the association, a patient dissatisfied with a dentist's service, should be referred back to the original practitioner for satisfaction. If the problem remains unresolved, the patient's direction for redress is to enter a complaint through:

The Alberta Dental Association
#101, 8230 - 105 Street
Edmonton, Alberta T6E 5H9

Phone: 432-1012

All persons with a cleft palate condition will have dental services, including orthodontia, paid for by the Health Services division of this department and are not to be authorized as a social allowance benefit. Persons requiring dental benefits under this program are referred to either the University of Alberta Cleft Palate Clinic or the Alberta Children's Hospital Cleft Palate Clinic.

(ii) Services Provided by Denturists.

Standard

Denture fees and services are limited to those specified in the agreement between this department and the Denturist Society of Alberta. This agreement is distributed to the district office managers and district Office staff should be familiar with the terms of this agreement.

The medical services card covers the cost of new dentures and relining of dentures. The card must be presented before obtaining these services.

Recipients who have not been provided with a medical services card and require the services of a denturist are to have this service authorized by SSCH 18SA.

Authorizations issued must contain the phrase:

"Denture service during the period ______________ in accordance with the terms of the agreement between this department and the Denturist Society of Alberta.

In any instance where a SSCH 18SA is issued for denture services, the period of time covered for services must be confined to the month during which social allowance is issued.

Standard

Fee amounts are not to be entered on the SSCH 18SA.

Since the department places responsibility for redress on the society, a patient dissatisfied with the denturist's service, should be referred back to the original denturist for satisfaction. If the problem remains unresolved, the patient's direction for redress is to enter a complaint through:

The Denturist Society of Alberta
201 Century Centre
2 Athabascan Avenue
Sherwood Park, Alberta T8A 4E3

Phone: 464-0300

c. Prescription Drugs (Special Need).

Standard

Prescription drugs services may be authorized by either a medical services card or an SSCH 18SA. The fees for such services are governed by an agreement between this department and the Alberta Pharmaceutical Association. This agreement is distributed to the district office managers and district office staff should be familiar with the terms of this agreement.

Recipients who have not been provided with a medical services card but who are in need of prescription drug services are to have this service authorized by SSCH 18SA.

Where services are authorized by SSCH 18SA, the authorization must contain the following phrase:

"Prescription drug services during the period _______________ in accordance with the agreement."

Standard

Fee amounts are not to be entered on the SSCH 18SA.

Where the cost of prescriptions drugs creates a need for social allowance, the entire family's monthly drug costs must be confirmed and included in the monthly needs. In these instances, the medical services card is not to be issued.

Standard

The following supplies are not covered by the medical services card:

(i) liquor, wine, beer or any other alcoholic beverages.
(ii) proprietary and patent medicines.
(iii) household remedies.
(iv) first aid supplies.
(v) cosmetics, including hypo-allergenic cosmetics.
(vi) nutritional products.
(vii) ortho-molecular preparations such as bone meal, dolomite, cod liver oil, halibut liver oil, wheat germ oil, etc.. (Ortho-molecular preparations may be authorized by SSCH 18SA when prescribed by a physician.)
(viii) oxygen.
(ix) allergy serums. (Allergy serums may be authorized by SSCH 18SA when prescribed by a physician.)
(x) anesthetic drugs. (Anesthetic drugs may be authorized by SSCH 18SA.)
(xi) tryptophan. (Tryptophan may be authorized by SSCH 18SA when prescribed by a physician.)

Where a recipient pays for prescription drugs and subsequently seeks reimbursement, reimbursement may be approved by the district manager, assistant district manager or the casework supervisor.

28. Ambulance Service (Special Need)

a. Regular Ambulance Service.

(i) Ambulance service may be authorized for eligible persons by an SSCH 18SA.

(ii) Where a recipient is an "in-patient" in a hospital and requires transportation to another hospital for treatment, the cost of the transportation is the responsibility of the hospital in which he is an "in-patient".

Standard (iii) Where a person is a resident in a nursing home and requires transportation to a hospital or clinic, ambulance service must only be authorized where it is necessary.

Standard (iv) The services of an ambulance for the hospital admission of an indigent person who subsequently dies may be authorized under the same circumstances and in the same manner that the department accepts the responsibility for indigent burial costs. A memo must be forwarded to Income Security Accounts authorizing payment for the service and include information available regarding the indigent circumstances.

b. Emergency Air Ambulance Service.

Standard Air ambulance services are provided through the Department of Hospitals and Medical Care. In situations where the social allowance recipient or their dependant require medical attention outside the province of Alberta, the costs of transporation may be covered through the Department of Hospitals and Medical Care, Emergency Services Branch (air ambulance services).

29. Medical/Surgical Supplies and Aids (Special Need)

Social allowance recipients requiring items available under the Alberta Aids to Daily Living Program must utilize this resource. Applications for the item(s) required may be made at the local health unit. If approved, the item(s) will be authorized directly by AADL. District offices have been provided with AADL manuals for reference purposes only.

Social allowance recipients requiring medical/surgical supplies that are not standard AADL benefits, may have their needs covered as outlined in the following:

a. Medical/surgical supplies - up to and including $100.

Medical/surgical supplies up to and including $100 may be authorized by SSCH 18SA if the need is verified in writing by a physician. A copy of the verification must be retained on the district office file.

e.g. Tensor bandages
Orthopedic shoes
Medical Alert bracelets

b. Medical/surgical supplies - over $100 (excluding hearing aids).

Medical/surgical supplies over $100 must not be authorized. To obtain these items for a social allowance recipient, Form 661 "special request" must be sent to either (See Part XIII Forms, p. 251):

Alberta Aids to Daily Living
Special Request Committee
Seventh Street Plaza
10030 - 107 Street
Edmonton, Alberta T5J 3E4

Phone Number: 427-0731
Telex - 037-2842 SSANDCH EDM

Alberta Rehabilitation Council for the Disabled (ARCD)
303 Kingsway Garden Mall
Edmonton, Alberta T5G 3A6

Phone Number: 474-8391

depending upon where the recipient resides. ARCD is responsible for special requests for residents in the following health unit areas:

> High Level - Fort Vermilion - Peace River, Grande Prairie, Alberta West Central, Jasper National Park, Sturgeon, Stony Plain-Lac Ste. Anne, Leduc-Strathcona, and the Edmonton Local Board of Health area.

All other areas of the province are handled directly by Alberta Aids to Daily Living.

SOCIAL ALLOWANCE 6: DETERMINATION OF NEED

Standard

The only item that may be approved on an urgent basis via phone or telex is oxygen. Urgent requests must include the necessary information as identified on form SSCH 661 plus the medical information shown on the doctor's report. In these situations, documentation must follow.

If Regional Directors are of the opinion that an item turned down by AADL is necessary to meet a recipient's need, it may be approved as an exceptional consideration.

c. Hearing aids.

Hearing aids are provided to social allowance recipients through AADL or ARCD. When a request is made, the social worker will complete form SSCH 660 confirming the recipient's eligibility for social allowance benefits for the month during which the request was made. SSCH 660 is then given to the individual to take to a hearing aid dealer of his choice. (See Part XIII Forms, p. 250.)

Once the hearing aid is supplied, the vendor will submit his billing along with form SSCH 660 directly to AADL or ARCD for payment.

30. Physiotherapy (Special Need)

Physiotherapy services are covered by AHCIP provided the service is recommended by a physician and obtained through the facility of physiotherapy clinics approved by the Hospital Services Commission. Physiotherapy departments established in hospitals and medical clinics are recognized by the commission.

Standard

There are qualified physiotherapists in the province who maintain a practice independent of hospital or medical clinic facilities. These services are not covered by AHCIP but may be authorized under the social allowance program if this is the recipient's choice, and the requirement for physiotherapy is recommended by a physician. This may be authorized by SSCH 18SA specifying that the fees authorized shall not exceed the rates or yearly limit set by AHCIP.

31. Victorian Order of Nurses (VON) (Special Need)

Services provided by the VON may be authorized if recommended by a physician on the approved VON form.

Standard

Payment for more than two visits per day are not to be authorized unless specifically recommended by the physician.

32. Funeral Expenses (Special Need)

Funeral services may be authorized for deceased persons who were in receipt of social allowance or indigent at the time of death if all other resources have been fully utilized. Common resources are:

a. Canada Pension Death Benefit
b. the estate of the deceased
c. Department of Veterans Affairs
d. Last Post Fund

Where other resources are available, relatives are to be encouraged to make their own arrangements with the funeral director and to use the available funds to pay for the funeral.

If these resources cover only a portion of the cost, the remaining charges may be authorized subject to the established schedule of fees.

Standard

The estate and/or relatives must be advised that where there is a death benefit available from Canada Pension Plan this department will submit a claim for the burial expenses to the Canada Pension office.

Services are to be authorized by SSCH 18SA with the following phrase entered on the authorization:

> "Funeral services subject to the schedule of fees approved by the department".

Standard Fee amounts are not to be enetered on the SSCH 18SA.

Friends and relatives from their own resources may add to the amount authorized by the department. In addition, friends and relatives may assume the cost of transporting the remains to another town or province, providing there are no additional cost to the department.

If funds from the deceased person's estate are found after the funeral has been authorized the funeral director will return the authorization to the department if the payment has not already been made by the department. If payment has already been made, the department will recover the cost of the burial services from the estate of the deceased person.

Standards The fees paid for funeral expenses are limited to those outlined in the following schedule of fees:

a. $667 for burial services provided to recipients or dependants. This payment is to cover the following services:
    - (i) the transporting of the remains to the funeral home.
    - (ii) embalming and dressing the body in clothing provided.
    - (iii) supplying a hearse and one car for the funeral service.
    - (iv) providing chapel or church service, with the choice to be left to relatives of the deceased.
    - (v) grave equipment including grass and lowering device shall be supplied by the funeral director, if necessary.

b. The actual cost to the funeral home of the casket (Crestwood #2 or equivalent) plus freight costs.

c. The actual cost of a wooden outer box if required by the cemetary in which the body is to be buried.

d. The actual cost of a metal lined or hermetically sealed casket if required by health regulations.

e. The cost of other merchandise such as a shroud.

f. Payment for a cemetary plot may be authorized at an amount not exceeding 50% of the normal cost of the plot.

g. Payment for opening and closing of the grave, provided this payment does not exceed the cost of providing the same service to any other resident of the community in which the deceased person is to be buried.

h. In cases where cremation of the remains is requested, the actual cost to the funeral home for the cremation will be paid in lieu of the cost of opening and closing the grave.

i. When a funeral director is required to travel outside a 25 kilometer radius of the city, town, or village in which the funeral director is established, an additional charge of 70 cents per kilometer will be paid for one vehicle only subject to prior authorization.

j. Actual costs to the funeral home for transporting the remains from one centre to another for interment or creamtion will be paid subject to prior authorization. In such cases, the remains shall be transported by the most reasonable means available, in terms of both cost and time.

SOCIAL ALLOWANCE 7: SPECIAL GROUPS

A. CATEGORIES OF SPECIAL GROUPS

Additional eligibility criteria is applicable to special groups as outlined below:

1. Persons on Strike

Employed persons who withhold their services to an employer by strike action are not eligible for social allowance on behalf of themselves or their dependants. The only exceptions to this policy are:

a. persons receiving a social allowance supplement to earnings may continue to receive the supplement when on strike,

Standard

b. persons on strike who are unable to provide for their dependent children may apply for social allowance. Temporary assistance available will be for FOOD ONLY, and will only be issued in exceptional and emergency situations as an alternative to child protection services. As a measure of control, any issue for food shall not exceed the entitlement for a one week period,

c. persons who become unemployed as the result of strike action by a group of which they are not a member may apply for social allowance. Persons in this category are expected to seek other employment and, if necessary, make use of the services provided by the Employment Opportunities Program.

2. Self-Employed Persons

Standard

Employable persons, who are self-employed, may be assisted for a maximum of 3 months (excluding farmers). During this time they are expected to become self-sufficient or to seek alternate employment.

3. Persons Eligible for Unemployment Insurance Benefits

a. General information.

(See Social Allowance 8, K, 1, p. 66.)

b. Social allowance for persons awaiting unemployment insurance benefits.

Persons who have applied for and are awaiting receipt of unemployment insurance benefits may be assisted for up to 4 weeks following the date employment terminated provided they have made use of all available financial resources. Persons who were disqualified from receiving unemployment insurance benefits (fired or quit employment without valid cause) may be provided with social allowance for up to 9 weeks from the date employment terminated provided they have made use of all available financial resources. If the applicant is a single employable person, the policy for single persons applies.

Standards

Benefits must not be issued beyond the above time periods except for the following:

(i) Single Persons and Childless Couples.

Single persons and childless couples may be provided with a social allowance supplement if the amount of the unemployment insurance entitlement has been verified and it is determined that it will be insufficient to meet their needs. The amount of unemployment insurance entitlement must be shown as income even if it has not been received at the time social allowance benefits are issued. If the recipient is single, the policy for single persons applies.

(ii) Persons with Dependant Children.

Persons with dependant children may be provided with a social allowance supplement as indicated in (1) above, or

Where the Regional Director, Area Manager, District Manager, Assistant District Manager, or Casework Supervisor determines that further social allowance is absolutely necessary he may approve the provision of food requirements only on a week to week basis.

c. Social allowance for persons receiving unemployment insurance benefits.

Persons in receipt of unemployment insurance benefits may be provided with a social allowance supplement if their income is insufficient to meet their needs and if they meet all other eligibility criteria.

d. Procedures for confirmation of unemployment insurance entitlement.

(See Social Allowance 8, K, 2, p. 66.)

4. Treaty Indians

Standards

a. Persons residing on an Indian Reserve are not eligible for social allowance since the federal government is responsible for providing benefits.

b. Treaty Indians who are employable and are not residing on an Indian Reserve may be provided with social allowance benefits excluding all medical and related services. Full medical coverage is provided by the federal government.

c. Treaty Indians who are determined unemployable are the responsibility of Indian and Northern Development.

d. Treaty Indians who are a provincial responsibility and subsequently become unemployable must be referred to Indian and Northern Development for further assistance.

Whenever social allowance benefits are provided to a Treaty Indian the DDS must reflect chargeability "2" (Indian Affairs responsibility) and the Treaty and band numbers must be entered on the DDS.

5. Immigrants

An agreement exists between this department and Employment and Immigration Canada concerning the granting of assistance to indigent immigrants. The federal department assumes responsibility for immigrants until they are initially placed in employment, meaning work of a reasonably permanent nature which the immigrant is physically, mentally and socially capable of handling. If after being placed in permanent employment, the immigrant is forced to leave his employment through accident or illness or through no fault of his own, he will be treated like any other resident of Alberta for social allowance purposes. This policy applies also to non-sponsored refugees.

Standard

If a sponsored immigrant requests assistance within five years of his arrival in Canada, or before he has attained Canadian citizenship, he must be referred to the nearest Canada Immigration Centre. The Immigration Centre will be asked to investigate the circumstances and submit a report to the district office indicating whether or not the sponsor should be expected to meet his responsibility of sponsorship. If the sponsorship has legitimately broken down, i.e. health or change in financial circumstances of sponsor, the immigrant may be treated as any other Alberta resident upon approval from the district manager.

Standard

Any immigrant who presents himself to a district office for assistance must be referred to the applicable office of Employment and Immigration Canada for employment services.

6. Applicants 16 or 17 Years of Age

(See Social Allowance 3, A, 2, p. 12.)

7. Dependants of Social Allowance Recipients

A child 16 or 17 years of age who is no longer attending school and who resides with parents in receipt of social allowance may be considered as a dependant until he obtains employment. The child is expected to take employment or training as soon as possible and should be assisted to do so.

Standard Persons 18 years of age and older must not be shown as dependants, and must be deleted from their parents' DDS at the end of the month in which their 18th birthday occurs.

8. Recipients of Handicapped Children's Services Who Are Dependants of Social Allowance Recipients

In those situations where Handicapped Children's Services provides services to dependent handicapped children of social allowance recipients, the following guidelines apply:

Standard

a. in cases where the dependent handicapped child is required to leave the parent's home to receive specialized treatment, education, or residential services, the child may be left on the parents' DDS to provide AHCIP coverage only. All other services and prescribed needs are provided through Handicapped Children's Services in accordance with established HCS guidelines, or

b. when the child resides in the parents' home, the child is to be shown as a dependant on the parents' DDS and benefits may be issued in accordance with current Social Allowance policy.

9. Unmarried Mothers

Standard Applications are not accepted from unmarried mothers under the age of 18 except as outlined for 16 and 17 year olds, and the procedures outlined therein must be followed. (See Social Allowance 3, A, 2, p. 12.) Child Welfare protection should be considered where services are required.

Eligibility of an unmarried mother age 18 or over will be considered according to regular social allowance policies. She should be encouraged to receive training or take employment that will allow her to become self-supporting.

In making application for social allowance the unmarried mother's right to maintenance is subrogated to the Crown. The applicant or recipient will be expected to fully cooperate in involving the putative father in providing maintenance payments.

Further information related to pursuing maintenance payments may be found in the Family Relations Program manual.

10. Separated Persons

In cases of recent separation, the possibility of reconciliation should be explored by the social worker, with maximum advantage being taken of additional resources available in the community. An effort should be made to determine that the separation is genuine and has not been effected simply to obtain social allowance. If a person is suspected of doing this, circumstances may warrant an investigation.

When a husband and wife have recently separated and the situation is still unsettled, social allowance is to be provided by district office issue.

Standards In making application for and receiving social allowance, separated, deserted or divorced persons subrogate to the Crown their rights to maintenance. Applicants or recipients will be expected to fully cooperate, as a condition of receiving social allowance, in involving their spouse in the payment of maintenance by providing information, producing any documents required and appearing in court if requested to do so.

Maintenance Information form SSCH 220 is to be completed in all cases except where evidence (death certificate, application for CPP death benefits, obituary notice, letter from a clergyman, etc.) is provided that the person responsible for maintenance is deceased. Persons who do not fully cooperate will not be eligible for social allowance and assistance will be refused or cancelled. Recipients who do not keep an appointment regarding subrogation and do not have a good reason will be immediately sent a notice that social allowance will be cancelled at the end of the same month.

Further information related to pursuing maintenance payments may be found in the Family Relations Program manual.

11. Common-law Unions

For the purpose of administering social allowance, common-law unions are considered in the same way as marriage unions.

A man and woman are considered to be living in a common-law relationship when they are not legally married to each other and when they live together as man and wife by mutual arrangement, understanding or agreement. (See Part VII General Procedures, N, p. 138.)

12. Persons Residing in Community Residences

Social allowance must not be provided to persons residing in AADAC or Solicitor General funded community residences, since the persons total needs are to be met through the funding provided to the Community residences.

Standard

The Residential Services Program provides operating grants to assist organizations to operate community residences for mentally and physically handicapped persons. Adult persons residing in these residences may qualify for social allowance. In determining the needs of a person residing in a community residence, the standard per diem of $8 and other eligible needs may be considered.

13. Persons Residing in Approved Homes

The approved home program of Mental Health Services is a community residence program providing an alternative to institutionalization for any person about to be admitted to or now resident in a mental hospital. Similiarly, the approved home program of the Services for the Handicapped Division is a program providing an alternative to institutionalization for the mentally retarded adult who can function in the community with special training and supervision.

Standard

Persons residing in an approved home and who are eligible to receive social allowance may be provided with:

a. an appropriate room and board rate which must not exceed the standard rate in the community.

b. a transportation allowance if the person is involved in a program of skill training. In these instances, the cost of transportation must not exceed the amount allowed for a bus pass.

14. Patients in Nursing Homes

If a husband or wife is admitted to a nursing home and requires social allowance, an application is taken from the patient and a separate file established. The assets and income of the applicant and spouse are taken into consideration in determining eligibility.

Standards

In determining the needs of a person in a nursing home, the co-insurance fee of $8 per day for ward care and a comforts allowance may be included. The cost of semi-private or private rooms are not to be covered unless approved as an exceptional consideration. Patients who do not have three years of consecutive residence in Alberta are not eligible for the co-insurance fee and in determining their needs the full per diem rate for ward care may be considered.

Payment for recipients in nursing homes may be continued for periods of absence up to the maximum established in the nursing home regulations.

SOCIAL ALLOWANCE 7: SPECIAL GROUPS

15. Patients in Auxiliary Hospitals

If a husband or wife is admitted to an auxiliary hospital and requires social allowance, a separate application is taken from the wife or husband and a separate file established. The assets and income of the applicant and spouse are taken into consideration in determining elgibility.

Auxiliary hospital patients are required to pay for hospitalization in excess of 120 days after the date of admission.

Standard In determining the needs of a person in an auxiliary hospital, the co-insurance fee of $8 per day for ward care and a comforts allowance may be included. The cost of semi-private or private rooms are not to be covered unless approved as an exceptional consideration.

16. Patients in Active Treatment Hospitals

Standard Under ordinary circumstances social allowance applications may only be taken if it appears that the person will be a patient for over three months. The assets and income of the applicant and spouse (if applicable) are taken into consideration.

In determining the needs of a person in a hospital, only comforts allowance will normally be considered.

17. Single Employable Persons

Single employable and temporarily unemployable adults, including adult persons living apart from family or dependants, in need of assistance, may be eligible for benefits administered by a single men's hostel in Edmonton or Calgary. Benefits consist of meals and accommodation in the hostel or assistance for support in private accommodation, but may also include health and employment related benefits.

a. In hostels.

(i) Eligibility.

Persons applying for assistance at a hostel are required to establish need. They must provide information to support their application and any documentation requested to verify their circumstances, including income and assets.

Satisfactory identification must be provided by presenting a signature-bearing document such as a driver's license, social insurance card, passport or other appropriate document.

Standards Pending verification of reported circumstances and proof of identification, assistance will be limited to weekly issue. Where an applicant fails to provide any requested documents or evidence that he is attempting to obtain such documentation, assistance will be limited to a maximum of two weeks.

Employable persons are expected to actively seek and accept full time employment (35 hours a week or more). It is expected that they will avail themselves of the services of their local Canada Employment Centre to assist in their placement in employment.

Where, on the basis of a medical report form SSCH 207, the applicant or recipient is assessed as temporarily unavailable for employment (less than 90 days), he may be eligible for services-in-kind or he may be eligible for support in private accommodation through a hostel.

Where the medical report established that the applicant or recipient is unavailable for employment for 90 days or more, or where he is assessed by an employment placement counsellor as unsuitable for employment, a referral to facilities outside the hostel is to be made. This may include referral to a district office for social allowance benefits.

SOCIAL ALLOWANCE 7: SPECIAL GROUPS

Where an applicant or recipient employed part time with earnings insufficient for self-support is assessed by an employment placement counsellor as employed to full capacity, he is to be referred to a district office for social allowance benefits.

Standards

Assistance provided through a hostel is subject to the following provisions:

- Where an employable recipient residing in a hostel fails to find full-time employment within 7 days, he shall be given written notice that after a further 7 days he is no longer eligible for hostel services but will be offered accommodation at Gunn, Youngstown or other appropriate facility.
- If the client does not find work by the end of the two week limit, and if he refuses accommodation at Gunn, Youngstown or other appropriate facility, he shall be asked to leave the hostel.
- If the client is transferred to Gunn, Youngstown or other appropriate facility, and returns to the hostel after a short period of time without prior approval, this will be considered as the client's responsibility and he will not be eligible for hostel service. This information is to be included in the seven day notice.
- If there are no vacancies at Gunn, Youngstown or other appropriate facility, an extension may be granted until such time as the client finds work or there is a vacancy in one of those facilities. Extensions can only be granted after obtaining approval from the area manager or regional manager of residential resources.
- Unemployables should ordinarily not be admitted to the hostel. They should be assisted under social allowance, AISH, or placed in a home or institution. However, there will be cases of persons who are considered to be employable at time of admission but after assessment will be considered to be unemployable. Emergency situations may arise where an unemployable person may be admitted. Those admissions must be approved by the hostel manager by the first working day after admission. Every effort must be made to place these clients in suitable accommodation outside the hostel as soon as possible.
- In cases where a client uses up his fourteen day limit and leaves the hostel on his own or to go to Gunn or Youngstown, he will not be eligible for readmission to the hostel until 30 days have lapsed, except with the approval of the hostel manager.

(ii) Benefits.

Residents of hostels are provided with meals and accommodation. Items of special need, such as clothing, transportation, trade tools, etc. may be authorized in accordance with policy and regulations.

Standard

A supply of very basic institution clothing items may be purchased from the institution's operating budget and kept in storage. This clothing may be issued in emergency situations to clients who have arrived at the hostel without suitable clothing. A value must be placed on the institution clothing issued, which would be reflected in any further issue.

Medical services may be authorized as outlined in Social Allowance 6, c, 26, 27, a, b, c, pp. 40-45.

b. In private accommodation.

(i) Eligibility.

Single employable persons qualifying for social allowance at a district office or hostel may be eligible for support in private accommodation, subject to the following:

- An employable person who is living in his own or shared rental or room and board accommodation is eligible for support in private accommodation for a maximum of two weeks.
- If within this two-week period the recipient fails to obtain employment, he shall be advised that if further assistance is required he may be eligible for services-in-kind at a hostel.
- If within this two-week period the recipient's status changes to employed full-time awaiting first pay, additional assistance to first pay but not exceeding a maximum of two weeks may be provided.

Standards

- An applicant who is employed full-time awaiting first pay is eligible for support in private accommodation to first pay, but not exceeding a maximum of two weeks. Extensions may be approved by the area manager.
- A person who is temporarily unavailable for employment (less than 90 days) because of illness or disability, and who is living in his own or shared rental or room and board accommodation, is eligible for support in private accommodation until he is available for employment.
- When the recipient is available for employment, the provisions listed above shall apply.
- Assistance for support in private accommodation may be provided to employable and temporarily unemployable persons who are unable to reside in a hostel for health or social reasons. Unless the reasons are obvious to the social worker, a physician's written recommendation for support in private accommodation must be obtained.
- The employable person in this category is eligible for this assistance for a maximum of two weeks. Where the recipient's status changes to employed full-time awaiting first pay, additional assistance may be provided subject to the provisions listed above.
- The temporarily unemployable person in this category is eligible for this assistance until he is available for employment, after which the provisions pertaining to the "employable person" shall apply.
- Persons eligible for services in kind at a hostel who cannot be accommodated because of unavailable bedspace may be authorized food and accommodation in a hotel, motel or other suitable accommodation for an overnight period or until hostel bedspace is available.

(ii) Benefits.

Standards

Allowable needs for single employable persons, assisted in private accommodation, are limited to short-term basic allowance and shelter or room and board and personal allowance. (See Social Allowance 6.) Benefits must not be issued for a period exceeding two weeks.

Items of special need, such as clothing, transportation and trade tools may be authorized where applicable. (See Social Allowance 6.) Exceptional considerations may be considered by the appropriate authority.

Damage deposits and key deposits must not be authorized.

18. Persons Residing in Gunn, Youngstown and Hilltop House

Gunn Centre (Gunn) and Youngstown Home (Youngstown) provide residential services to indigent homeless men who require a sheltered environment to help them regain and maintain their health, self-esteem and social-functioning skills. Admission is limited to persons unable to benefit from, or qualify for admission to, other institutions within the Social Services and Community Health system. Gunn and Youngstown are not intended to provide services to transients.

Standards

Hilltop House (Edmonton) provides residential and rehabilitative services for indigent women who are facing personal crisis situations, and who are interested in helping themselves regain and maintain their health, self-esteem and social functioning skills. Hilltop House is not intended to provide services to transients.

a. Programs.

Institutions must provide strong liaison with agencies such as Alberta Vocational Centre, Alberta Alcohol and Drug Abuse Centre, Legal Aid, Employment Opportunities Program, Mental Health and other areas. These agencies provide the following to clients, either within or outside the institutions:

(i) A life skills program.
(ii) Employment Opportunity Program.
(iii) AADAC program.
(iv) Occupational therapy program.
(v) Employment remuneration program.
(vi) Psychiatric day program.
(vii) Recreation/cultural activity.
(viii) Other appropriate program involvement.

The goal of rehabilitative services and activities is to assist the client towards regaining a position in the community which is as independent as possible, considering his capabilities.

Clients are expected to participate in rehabilitative services and activities.

As part of the initial assessment write-up, discussion and plans for goals should be implemented and recorded. Modification of these goals should be identified, monitored, and recorded as knowledge of the client's capabilities and needs increase. Form SSCH 73, Running Record is appropriate to document progress of the client.

Periodic review of the client's progress by the institution manager must be formalized to ensure as many clients as possible are progressing towards discharge from the institution.

b. Criteria for admission to Gunn Centre, Youngstown Home or Hilltop House.

To be eligible for admission an applicant must:

Standards

(i) understand admission is voluntary; clients are free to leave at any time.

(ii) be ambulatory and not suffer from acute mental or physical illnesses.

(iii) be self-medicating; however, prescription drugs will be locked up for safekeeping.

(iv) be able to feed and clothe himself independently and attend to his own personal hygiene.

(v) be able to make decisions governing personal daily living.

(vi) be free from parasites, infections, communicable diseases.

(vii) be able to develop, or be considered capable of developing, the ability to interact and communicate with others.

Standards

(viii) accept commitments of shared living arrangements.

(ix) be indigent. Applicants must make use of any other financial resources available to them; however, non-indigent cases may be considered as an exceptional consideration.

A client shall be considered as non-indigent when he has income in excess of $240.

For this purpose the room and board component should be considered as $240 per month ($8 per day). If a budget surplus of under $240 is calculated, the resident shall pay that amount to the institution to offset room and board costs.

(x) be between eighteen and sixty-five years of age.

(xi) agree to abstinence from alcohol and/or non-medical use of drugs. Alcohol and non-prescription drugs are not allowed on site.

(xii) understand that he is expected to participate in programs and activities offered.

c. Admissions.

(i) From the Single Men's Hostels to Gunn or Youngstown.

Standard

Admissions from hostels must take priority over other admissions. If the option of going to Gunn or Youngstown is requested by a person asked to leave the Single Men's Hostel, arrangements for admission to Gunn or Youngstown must be made as soon as possible. (See Social Allowance 7, A, 17, p. 53.)

(ii) From agencies and district offices to Gunn, Youngstown, or Hilltop House.

Referrals for admission may be made by completing SSCH 290 Institution Application and submitting it to the institution and/or by contacting the insititution to discuss the referral.

(iii) Self-admissions to Hilltop House.

These may be made by client telephoning or arriving at Hilltop House.

d. Admissions authority.

Standard

Each institution shall designate one or more persons to review and approve all applications for admission. One of the persons designated must be the manager of the institution.

e. Trial assessment admission.

Standards

In some instances, it may be necessary to admit applicants for a trial period in order to more adequately assess their suitability for a particular institution. When this procedure is necessary, the manager of the institution must advise the referring agency (excluding hostels operated by this department) in writing to the effect that they are responsible for retaining accommodations for the referred adult during the trial period in the event that the admission is not approved. Maximum trial assessment admission stay is thirty days.

f. Discharges.

Standards

Plan for discharge should be made for:

(i) the client who is approaching age sixty-five. Discharge plans should be set in motion one year in advance. This includes making arrangements on behalf of the client for receipt of Old Age Security and preparing the client for a senior citizens lodge placement, or nursing home, preferably in an area of the client's choice.

(ii) the client who has reached the stage where there are indications he can become an independent member of the community. Emphasis should be placed on assisting the client back into the community, including the use of trial periods in and out of the institution. This procedure will be useful for referrals from the hostels when the client has used up the two week limit and has chosen Gunn or Youngstown as an alternative. Where a client demonstrates willingness and capability to commence employment as determined by the Employment Opportunity Program worker or social worker, the client may be referred back to the hostel by arrangement and approval of the hostel manager.

(iii) the client who is unable or unwilling to follow the institution rules. Details of discharge must be documented. The manager of the institution must approve all discharges.

(iv) the client who is no longer considered to be indigent when needs-tested.

Standard

g. For trustee and/or dependent adult cases where a resident has a guardian, the guardian must be kept informed of the status of the resident in accordance with requirements of the Public Trustee Act and the Dependent Adults Act. As well, the guardian should receive notification by the end of the first month the client is in the institution, and at least yearly thereafter, or at any time there is a significant change in circumstances, including discharge.

h. Benefits.

In determining the benefit of persons residing in these institutions, needs will normally be restricted to personal allowance and clothing. Items of special need and exceptional consideration may be considered where applicable.

19. Persons in Training

Standard

Persons requiring training must be referred to the Employment Opportunities Program for assessment and referral.

Recipients are required to make use of any funding available through Canada Employment and Immigration Centres (CEIC) and Alberta Advanced Education and Manpower:

a. Academic upgrading.

(i) Where the person receives a training allowance.

Recipients receiving a training allowance must provide documentation confirming the amount of training allowance they receive. A training allowance must be considered as income. (See Social Allowance 6, A, 3, p. 18.) If the income is insufficient to meet basic needs a supplement may be provided under the social allowance program if:

Standards

- the training will assist in obtaining entrance to a skill development program.
- the person is not capable of self-support without the training.

(ii) Where the person is not receiving a training allowance.

Social allowance may be provided to recipients of a diploma or certificate program if:

- the recipients is assessed by an EOP Counsellor as a person in need of training.
- the candidate for training will not benefit from any of the courses sponsored through either Canada Employment, or Alberta Manpower.
- the program selected is suitable and appropriate to prepare the person for employment or further training.

In determining the needs of the recipient, the cost of tuition, books, necessary basic supplies, babysitting or day care costs and transportation may be included.

b. In technical or vocational programs (skill training).

(i) Where the person receives a training allowance.

Recipients receiving a training allowance must provide documentation confirming the amount of training allowance they receive. A training allowance must be considered as income. (See Social Allowance 6, A, 3, p. 18.) If the income is insufficient to meet basic needs a supplement may be provided under the social allowance program if:

Standards

- the training is directly related to employment.
- the person is not capable of self-support without the training.
- the training program does not exceed two years.

(ii) Where the person is not receiving a training allowance.

Social allowance may be provided to recipients of a diploma or certificate program if:

- the program is of two years duration or less.
- the recipient is assessed by an EOP Counsellor as a person in need of training.
- the candidate for training will not benefit from any of the courses sponsored through either Canada Employment, or Alberta Manpower.
- the program selected is suitable and appropriate to prepare the person for employment.

In determining the needs of the recipient, the cost of tuition, books, necessary basic supplies, babysitting or day care costs and transportation may be included.

c. Persons in academic transfer and university degree programs.

Standard

With the exception of persons eligible for support under the Vocational Rehabilitation of Disabled Persons Agreement, persons in an academic transfer or a degree program, or a post-secondary education program of studies exceeding two years in duration, are expected to draw on the Students Finance Board as a resource for any assistance required. Such persons are not eligible for assistance under the social allowance program during periods of enrollment. Persons otherwise eligible for social allowance benefits as unemployable persons (such as mothers with dependent children) may receive social allowance for basic needs during periods of non-enrollment. In these cases, eligibility for social allowance is confined to the period extending from the conclusion of a full term of studies to the time of enrollment for the following term of studies.

20. Farm Operators

a. Definitions.

(i) Farmer.

- a person with more than one quarter section of developed farm property.

(ii) Non-Farmer.

- a person with no more than one quarter section on which a residence is maintained

or

- a person operating on a marginal or unproductive basis who occupies or owns undeveloped or partially developed farm property. A formal evaluation confirming little or no potential for productivity on an economically viable basis represents an acceptable standard for classification as "non-farmer" under this section.

b. Eligibility.

Standard

In determining a farm operator's eligibility for social allowance, a social worker must:

(i) assess employability under the criteria relating to "reason for assistance" and "employment status" to establish whether the applicant is an employable or unemployable person, and

(ii) assess property value and the scope of operating activity to establish whether the applicant is a "farmer" or "non-farmer".

(iii) assess the scope of operating activity by completing:

- SSCH 52B Statement of Affairs. (See Part XIII Forms, p. 229.)
- SSCH 52A Cash Flow Statement. (See Part XIII Forms, p. 228.)

c. Benefits.

Standard

(i) Farmer: If the applicant is a farmer, a referral is made to the district agriculturalist for a formal assessment of the farm operation with the intention of developing a farm rehabilitation plan. Short-term assistance, if warranted, may be provided pending the review. An asset exemption form (SSCH 1086) is completed prior to the issuance of assistance if assets exceed allowable limits.

If the district agriculturalist's assessment results in a farm rehabilitation plan, social allowance may be provided to meet all or a portion of basic needs, providing the district agriculturalist remains involved in:

- developing a plan for the course of action necessary to assist the recipient in achieving independence;

- working with the recipient in a management consulting capacity to ensure that the plan developed is adhered to;

- drawing on the resource agencies necessary for the support services required to assist in the rehabilitation of the recipient; and

- assisting in periodic reviews of the individual's case in order to establish the amount of farm revenue to be considered as income in calculating recipient's needs under the social allowance program.

Social allowance is not a financial resource contributing directly or indirectly towards the accumulation of additional assets. Exceptions may be made where it is reasonable to approve installment payments on property or machinery purchased prior to the date of application for social allowance. These payments may be approved as a legitimate farm expense where they are deemed essential to the recipient's rehabilitation and ultimate financial independence.

(ii) Non-Farmer: Employable applicants viewed as non-farmers and eligible for social allowance are referred for services through the Employment Opportunities Program. Unemployable applicants who lack the income required to meet basic needs may be assisted with benefits under the social allowance program.

Existing policy with respect to assets and verification of income applies in determining eligibility for benefits and services. A referral to the district agriculturalist is not required except in situations where the scope of operation is sufficiently complex to warrant a referral. These situations are handled in accordance with the procedure for services to persons classified as "farmer".

d. Annual reviews and verification of farm income.

For farm operators on a farm rehabilitation plan, periodic reviews are made to determine the amount of farm revenue to be shown as income in calculating need under the social allowance program, with the assistance of the cash flow statement and the district agriculturalist.

Standard

For farm operators who are not on a farm rehabilitation plan, but are receiving social allowance on a long term basis, the Social Allowance Farm Report, SSCH 52 is used in place of the Cash Flow Statement SSCH 52A in making assessment as follows:

(i) The 12 month period extending from January 1 to December 31 of the same year is the year in relation to which farm income is computed.

(ii) April 1 in the year following the end of the calendar year is the diary date for annual review purposes.

(iii) A full financial review for the purpose of determining net farm income is completed at the close of the calendar year.

(iv) Other sources of income (such as earnings from employment pension income, insurance benefits, etc.) are considered independently in accordance with policy provisions relating to each income.

The calculation of net income entails

- accounting for all farm revenue actually received and the revenue anticipated from the unsold portion of grain harvested in the calendar year, and
- accounting for all expenses incurred during the calendar year in which the grain was produced.

Profit or loss is determined by considering the difference between total revenue (actual and projected) and total expenses. A profit is considered "net farm income" and this amount is reflected on the DDS as monthly income averaged over the calendar year.

At the initial review, accounting for revenue is made from the date of application to the termination of the calendar year.

21. Persons Residing in Battered Women's Shelters

Standards

Shelters for Battered Women in Alberta currently receive funding towards operating costs by applying for a grant to the regional offices. The Shelters must meet certain criteria in order to receive funding. One of the criteria is that the shelter must meet the residents' needs without input from the social allowance program. Major expenses which the shelter cannot provide may be considered by contacting the local district office. Approval, prior to issue, must be obtained from the district manager. Formal district office liaison with the Shelters must be established to facilitate inquiries and applications by shelter residents to determine eligibility for social allowance, if requested at the time of leaving a shelter to establish themselves in the community.

22. Patients in Rosehaven, Claresholm Care Center or Raymond Home

Indigent patients who reside in the above institutions and qualify for social allowance may be provided with a personal allowance only.

23. Persons Requesting Repatriation

a. Repatriation - excluding Saskatchewan.

The repatriation of a social allowance recipient to another province or territory may be considered if this is at the request of the person and if the move is socially sound. District offices are requested to explore all resources available to the recipient for the purpose of financing the move or assisting in repatriation costs before making a request to the area office. This may include relatives, friends, or the contact person in the receiving province.

Standard

District offices will notify the area office by memo or telex of the circumstances. Telephone requests must be limited to emergency situations. The request is to include the following where available or applicable:

(i) Client's name, birthdate, and Social Insurance number
(ii) Spouse's legal and/or maiden name and Social Insurance number
(iii) File number and social allowance monthly deficit
(iv) Number of dependants and ages
(v) Names, addresses and phone number of contact person(s) (i.e. relatives or friends in receiving province)
(vi) Reasons for repatriation
(vii) Suggested travel plans (include value of furniture and moving costs)
(viii) Name, unit and phone number of social worker, casework supervisor or manager making request
(ix) Any other information considered pertinent to repatriation

Where the recipient's furniture is essential in setting up a household in the receiving province, and the cost of moving the furniture exceeds its replacement value, prior approval of the area office is required.

The area office will contact the receiving province for approval and will advise the district office of the decision.

b. Repatriation - Saskatchewan.

Communications and decisions regarding repatriation to and from the province of Saskatchewan are the responsibility of the district manager. Before accepting repatriations to Alberta, district managers will ensure that contact is made with relatives or other persons identified in the report to check out the validity of reasons, determine if the move is socially sound, and ascertain whether accommodation is available. Copies of relevant correspondence or a confirmation report are to be forwarded to the area office. (See Social Allowance 6, C, 15, 16, pp. 33-34.)

SOCIAL ALLOWANCE 8: PROCEDURES

A. APPLICATIONS

1. Forms Required at the Time of Application

Standard a. For single employable persons, a SSCH 150 Single Adult Social Allowance Application, or SSCH 937 Social Allowance Application may be used to obtain and record information to determine eligibility. SSCH 54 Hostel Services Social Allowance Application and SSCH 225 Hostel Services Activity Card must be used by the hostels. (See Part XIII Forms.)

Standard b. For persons with dependants and for single unemployable persons the following are required to obtain and record information to determine eligibility (see Part XIII Forms):

(i) SSCH 39 or SSCH 937 Social Allowance Application
(ii) SSCH 25 Data Decision Sheet
(iii) SSCH 73 Social Allowance Running Record
(iv) SSCH 509 Acknowledgement of an Appointment of a Trustee (if applicable)
(v) SSCH 220 (if applicable) when SSCH 39 is used.

Social workers must ensure that the application for assistance is completed in full and that the client totally understands the information recorded on the application and that the application has been signed.

The department may file a caveat against the property when assistance is being provided for payment of mortgage or agreement for sale, and for home repairs and improvements under authority of section 53 of the Maintenance and Recovery Act. In these situations, district offices will submit a completed form SSCH 720 Caveat Registration Request to Legal Services, Central Office. (See Part XIII Forms, p. 251.) A copy of mortgage documents or agreement for sale is also submitted.

2. Requirement for a Home Visit

If the application is taken in the office, the applicant should be visited at his home as soon as possible after the initial assistance is granted to substantiate the facts on the application before additional assistance is provided. This immediate requirement may be waived when social allowance is supplementing a pension or other type of assistance where a file is already in existence or where the district office has first-hand knowledge of the recipient and is aware of his home circumstances.

B. CHANGES IN CIRCUMSTANCES

Standard Whenever there is a change in a recipient's circumstances that may affect eligibility or level of benefit, the file must be updated accordingly before further benefits are issued. Relevant comments are to be recorded on SSCH 73 Social Allowance Running Record and if applicable the DDS is to be revised.

C. ANNUAL REPORTS

Standard An annual review must be completed on all social allowance cases one month but no more than three months prior to the diary date.

Standard The social worker must review the recipient's circumstances to reassess eligibility and recalculate the level of benefit.

1. Forms Required (See Part XIII - Forms)

- SSCH 110 Social Allowance Report. This is an optional form to gather required information by mail.
- SSCH 25 Data Decision Sheet (DDS). This is used to update circumstances and advance the diary date by one year.
- SSCH 73 Running Record. This is used to record any relevant comments.

2. Home Visits

Standard

It is preferrable that annual reviews be completed in the recipient's home. When SSCH 110 is used to gather information by mail, a minimum of 10% of these cases must be followed up with a home visit to verify circumstances.

D. FILE CLOSURES (EXCEPT WHERE RDE PROCEDURES APPLY)

Standard

Social Allowance files must be closed on the last day of the month in which benefits were last issued. The effective date of closure is the last day of the month. A DDS to effect closure must be completed within 10 days from the required date of closure. (See Part XIII Forms.)

Standards

A closing summary must be completed on SSCH 73 Running Record. The summary must contain the following:

1. circumstances and date of event causing closure.
2. address if changed.
3. changes in marital status including name of spouse (including common-law unions).
4. name of employer (if applicable).
5. other information pertinent to file closure.

E. REOPENING OF FILES (EXCEPT WHERE RDE PROCEDURES APPLY)

If a file has been closed for 12 months or less, a reopen transaction on the DDS and comments on the form SSCH 73 Running Record are required.

If a file has been closed for more than 12 months, an application form and a new or re-open DDS transaction are required. Comments are to be entered on form SSCH 73. (See Social Allowance 8, A, p. 63.)

F. TRANSFERS OF FILES (EXCEPT WHERE RDE PROCEDURES APPLY)

1. District Office Excluding Edmonton and Calgary

Files of recipients who have moved from one district office area to another must be transferred immediately. The receiving district office will be responsible for assisting the recipients and must contact the recipient within 10 working days of receipt of the file and immediately submit a revised DDS. Only where the two offices agree may the sending office issue assistance to the recipient for the receiving office's area. To avoid overpayments, and where warranted in automatic pay situations, the transferring district office may arrange for a cheque to be held by Income Security Accounts. Arrangements for a cheque release are the responsibility of the receiving district office.

If the file has not been transferred, the new district office will contact the transferring district office and obtain the necessary information to complete a new DDS or await the transfer of the file containing the latest turnaround DDS. If the file cannot be obtained in time, the receiving district office will complete a new DDS to reflect the recipients changed circumstances.

2. Within Edmonton and Calgary

Within the cities of Edmonton and Calgary areas the transferring office may complete the revised DDS reflecting the new circumstances.

Standard

If the file has not been transferred, the new district office will contact the transfering district office and obtain the necessary information to complete a new DDS or await the transfer of the file containing the latest turnaround DDS. If the file cannot be obtained in time, the receiving district office must complete the revised DDS. A home visit must be completed within 10 working days of receipt of the file.

SOCIAL ALLOWANCE 8: PROCEDURES

G. METHODS OF ISSUING BENEFITS

1. Automatic Cheque Issue

Social allowance recipients should be provided with benefits through automatic cheque issue whenever practicable. To maximize the use of automatic cheque issue, trusteeship should be considered for persons who have demonstrated an inability to properly handle cash. (See Part XIII Forms.)

2. District Office Issue

District office issue is to be used pending implementation of automatic cheque issue, when automatic cheque issue is not practicable or when policy requires a form of district office issue. Method of district office issue are:

a. SSCH 17, Requisition for Cheque (District Office Cheque) (See Part XIII Forms, p. 206).
b. SSCH 18SA Authorization and Invoice (See Part XIII Forms, p. 209).
c. Medical Services Card (See Part VII General Procedure, p. 136).

3. Split-Payment

(See Part XIII Forms - SSCH 948 Social Allowance Work Sheet, p. 254.)

H. LOST CHEQUES AND REISSUE OF BENEFITS

(See Part VII General Procedures.)

I. ASSESSMENT OF FILES

Standard All documents including DOC, DDS, SSCH 18SA etc., must be assessed prior to the issue of benefits to ensure compliance with program standards and procedures.

Standard District office assessors are required to report to the district manager any discrepancies that are not resolved.

J. SOCIAL ALLOWANCE SHELTER CALCULATION

1. Show total shelter cost including rent, fuel and utilities if it is a rented accommodation. If the accommodation is being purchased, the shelter ceiling is the sum of monthly needs for payment on mortgage or agreement for sale, municipal taxes, fire insurance, fuel and utilities, condominium fees, homeowner's maintenance allowance and lot rental.

2. Calculation

a. Add the actual shelter costs for a rental situation or home purchase situation using the applicable components shown in 1. above.
b. Compare the total to the shelter ceiling for the family size.
c. If actual costs are within the ceiling, show the appropriate amounts in needs codes 11 and 12 in rental situation or 11 and 13 in home ownership situations.
d. If the actual costs exceed the ceiling, subract the excess from the amount of rent, mortgage or agreement for sale and show the balance in needs code 11. Show the other components under codes 12 if a rental situation or 13 if a home ownership situation.

example: Shelter ceiling is $605 - actual mortgage is $550 - actual cost of all shelter components is $717, this includes the actual mortgage of $550, utilities $100, taxes $40, fire insurance $8, home owner allowance $19. The difference between the total shelter cost ($717) and the shelter ceiling ($605) equals $112. This amount is subtracted from the actual mortgage, and the balance ($550 - $112 = $438) is shown under code 11, Shelter.

K. UNEMPLOYMENT INSURANCE

1. General Information

When a person applies for unemployment insurance benefits, there is a 4 week waiting period for benefits. If a person was fired or quit without just cause, a penalty of an additional waiting period may be assessed.

Persons applying for social allowance who appear to be eligible for unemployment insurance must be referred immediately to apply for the unemployment insurance benefit even though they may not have their "record of employment" (ROE) from their employer. This is important since their waiting period for unemployment insurance benefits will begin the day of application even if they do not have the record of employment. Furthermore the Unemployment Insurance commission have confirmed that they will assist the employee to obtain the record of employment where the applicant's efforts have failed. Where long delays in obtaining the record of employment are being experienced by the Commission because the employer is not cooperating, has gone into receivership or has simply disappeared, it is possible for the commission to establish a claim with a Statutory Declaration taken from the claimant.

2. Procedures for Confirmation of Unemployment Insurance Entitlement

Request for Information for SSCH 9 is to be used to verify a recipient's unemployment insurance entitlement. (See Part XIII Forms, p. 206.)

L. REISSUE OF BENEFITS TO THE ESTATE OF A DECEASED RECIPIENT

Standard

If a social allowance recipient or his dependant dies, district offices must take the necessary steps to revise the DDS (closure or deletion of dependant) and make arrangements for a cheque hold when required. Any cheques that have not been cashed will be sent to Income Security Accounts with a note indicating the payee is deceased. Where the shelter or utilities are unpaid and there is a requirement to pay them, a SSCH 18SA Authorization and Invoice may be issued on the approval of the district manager, assistant manager or casework supervisor. Where the cheque has been cashed, families will not be asked to refund any portion of the amount received on behalf of the deceased person for that month during which the death occurred.

M. COORDINATION OF DRUG AUDITS

Drug audits may be required to identify abuse of prescription drug privileges by recipients of Income Security Programs. Audits may be requested by the Alberta Pharmaceutical Association, physicians, pharmacists or the social worker.

District offices are to co-ordinate drug audits by:

1. forwarding a memo to "Health Benefits Payable, Accounts Payable, General" requesting copies of the recipient's drug claims for a specified period of time (usually three to six months).

2. referring the copies of the drug claims to the Alberta Pharmaceutical Association for their review, investigation, comments and recommendations.

3. interpreting the Alberta Pharmaceutical Association report and, if there is a drug abuse, taking the necessary action to resolve the drug concern by:

    - holding the recipient's medical services card.

    - determining which pharmacy the recipient wishes to deal with and issuing an SSCH 18SA each month to that pharmacy.

    - advising APA in writing as to the recipient's choice of pharmacy.

N. MOVING

1. Approved Movers List

a. Individual or moving company requests are to be placed on the list of approved movers.

b. Have the individual or the moving company contact the Alberta Government Services representative, 10931 - 120 Street, Edmonton (Phone 427-2916). Advise the moving company of rates paid and conditions under which moves are done.

c. The representative, after assessing the individual or moving company, will advise the regions to include persons or companies on the list.

d. Upon receipt of verification from the representative, send moving letters (one showing conditions and one showing the rates) to the moving company.

e. Advise District Offices in the regions where the moving company or individual is operating.

2. Preparation of Movers Lists

Standard

Each region will be responsible for updating the list of approved movers and must designate a person to liaise with Alberta Government Services.

The following procedure must be used:

a. Prior to April 1st, write letter to all companies on the approved list asking whether they would like to remain on the list under existing conditions (or change, if any). Advise them at this time about the rates to be paid.

b. Give moving companies one month's time to reply.

c. After replies received, send letters to moving companies confirming rates.

d. Area offices prepare list of approved movers and send to all District Offices in the region.

O. DEBTORS ASSISTANCE BOARD

The Debtors Assistance Board may advise and assist debtors who face garnishment of wages to prevent loss of employment as a direct result of garnishment. Under some circumstances, a consolidation order may be considered even before commencement of employment so that fear of garnishment need not be a barrier to seeking employment. A consolidation order also has the effect of reducing the annual rate of interest on unpaid debts to five per cent.

It is advisable for the social worker to make a written referral (perhaps following telephone contact) to the board, providing pertinent information regarding the recipient's circumstances.

P. LEGAL AID

Social allowance recipients who require a lawyer should be referred to Legal Aid, Student Legal Services (Edmonton), Calgary Legal Guidance Services, or Lawyer Referral Services. Legal Aid may exercise discretion as to the availability of funding for a lawyer's services. The student legal services are restricted as to extent of court action. Lawyer Referral Service (nominal fee to recipient for counsel only) may be accessed by toll free number listed in area phone books.

Q. THE BANKRUPTCY ACT

Recipients wishing to declare bankruptcy should be referred to the family financial counsellor, Debtors Assistance Board, for an opinion as to whether bankruptcy is the proper solution. The counsellor may then refer the recipient to the federal government, Department of Consumer and Corporate Affairs, Bankruptcy Branch.

PART II - GUARDIAN SOCIAL ALLOWANCE

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PART II GUARDIAN SOCIAL ALLOWANCE

A. PURPOSE OF THE GUARDIAN SOCIAL ALLOWANCE PROGRAM

The purpose of the Guardian Social Allowance is to provide an extension of social allowance benefits to dependent children where the parents of a child are unable or unwilling to care for their child and the child is being properly cared for in the home of another person.

B. LEGISLATION

The legislative authority for the Guardian Social Allowance Program is Section 9 of the Social Development Act.

Staff involved in the delivery of the Guardian Social Allowance Program must be familiar with the terms of the legislation since requirements set out in the Social Development Act must be adhered to.

C. REGULATION

Section 30 of the Social Development Act allows for regulations to be set by Order-in-Council.

Limits set out in the Social Allowance Regulations must be complied with. A copy of the regulations are to be retained, for reference purposes, in the pouch on the cover of this manual. Amendments must be included as they become available.

D. DISCLOSURE OF INFORMATION - CONFIDENTIALITY

Section 5.1 of The Social Development Act provides a control on the disclosure of information on social allowance cases. For Guardian Social Allowance, the same rules apply as outlined in Part I, Social Allowance 1, D.

E. RESPONSIBILITIES AND GENERAL INFORMATION

1. General Information

Though maintenance is provided under the guardian social allowance program, the department does not assume any legal guardianship responsibility. In accepting the child (whether or not the parents are directly involved in arranging the child's placement), the substitute parents are also accepting basic parental responsibility for the ongoing care and upbringing of the child.

For their own protection, guardians should obtain the parent's written consent to the placement and permission to act for the parents in authorizing services essential to the health and well-being of the child. The alternative is formal application for legal guardianship, which entails district court action. Details of this procedure may be obtained from a solicitor or family court counsellor.

The department must not become involved in making decisions that have legal implications.

Where the guardian is in receipt of social allowance benefits, the guardian may choose to include the child as a dependant on his social allowance or have a guardian social allowance application completed.

2. Parent's Responsibility for Maintenance

In making application for and receiving social allowance, the child's right to maintenance is subrogated to the Crown. The district office must take steps to involve the parents in the maintenance. A referral must be made to the Family Relations worker.

Further information related to pursuing maintenance payments may be found in the Family Relations Program Manual.

F. ELIGIBILITY

Guardian Social Allowance may be paid to a guardian on behalf of a child where the parents are deceased, where the parents have abandoned the child (thus demonstrating an unwillingness to care for the child), or where the parents' circumstances (through no fault of their own) are such that they are unable to care for their child. A "guardian" means a relative or person who is providing a home for the dependent child and assumes responsibility for the child's support, care and training.

The income and assets of each child are considered in determining eligibility. Cash assets or the equivalent, up to the amounts for social allowance recipients, may be allowed. (See Part I, Social Allowance 5, A, p. 15.) Family Allowance is not to be shown as income in determining eligibility.

Standard The Guardian Social Allowance program must not be used where child protection action is appropriate. Where it is necessary for a social worker to become involved in arranging a placement, child welfare procedures apply. The program does not pay for the treatment of children being maintained in institutions or community residences.

G. BENEFITS

1. Primary Needs

Standards Primary needs available under the Guardian Social Allowance program are restricted to those listed below and the delegation of authority is the same as that outlined for the social allowance program. (For delegation of authority see Part I, Social Allowance 6, B, 1, p. 19.)

a. Food and special diets.

Food and special diet requirements (where applicable) for each child may be allowed in accordance with the basic allowance schedule which is included in the Social Allowance Regulations. An additional allowance may be provided as outlined in the Schedule of Special Diets Supplements when the requirement for the supplement is verified by a physician. (See Part XII Rate Schedules and Codes A, 1, pp. 165-167.)

b. Clothing.

Clothing requirements for each child may be allowed in accordance with the basic allowance schedule which is included in the Social Allowance Regulations. (See Part XII Rate Schedules and Codes A, 1, pp. 165-167.)

c. Shelter allowance.

A shelter allowance of $64 per month may be allowed as a consideration for accommodation and incidental household expenses that may arise in caring for the child. (See Social Allowance 6, C, 8, p. 24.)

2. Special Needs

Standards Special needs available under the Guardian Social Allowance program are restricted to those listed below and the delegation of authority is the same as that outlined for social allowance. (For delegation of authority, see Part I, Social Allowance 6, B, 2, p. 20.)

a. School books and supplies.

An allowance for school supplies may be authorized in accordance with the schedule of rates and procedures outlined in Part I, Social Allowance 6, C, 22, p. 38.

b. School bus passes.

School bus passes may be allowed when required by the school district.

c. Recreation allowance.

Recreation allowance may be provided as outlined in Part I, Social Allowance 6, C, 21, p. 37.

d. Clothing.

If, at the time of application, the child's clothing is determined to be totally inadequate, an additional $160 above the regular monthly clothing allowance may be provided. The issue is made by SSCH 18SA only.

3. Medical, Dental, Optical Services and Prescription Drugs

Medical and related services are the same as that provided under the social allowance program. (See Part I, Social Allowance 6, C, 26, 27, a, b, c, pp. 40-45.)

Prior to receipt of a medical services card, the services covered by the card may be provided by SSCH 18SA.

H. PROCEDURE

1. Forms Required

(See Part XIII Forms.)

a. At time of application.

(i) SSCH 39C Application for Guardian Social Allowance.
(ii) SSCH 25 Data Decision Sheet (DDS).

For the purpose of completing the DDS:

- Applicant or head means the dependent child.
- Name of trustee means the guardian.
- Only one child can be reflected per one DDS.
- Only ben. #00 can be used in the FAMILY INFORMATION FIELD.

Standard Social workers must ensure that the application for assistance is completed in full and that the guardian totally understands the information recorded on the application and that the application has been signed. If the application is completed in the office, a follow-up visit to the guardian's home should be made within two weeks to assess the suitability of the home.

If it is necessary for another district office to contact the parents, a copy of the referral memo is attached to the original copy of the application for submission to the area office. If the parents reside in another province, the referral memo is submitted with the application for the area office to arrange contact with them.

b. When circumstances change.

Standard Whenever there is a change in the child's circumstances that may affect eligibility or level of benefit, the file must be updated accordingly before further benefits are issued. A revised SSCH 25 Data Decision Sheet (DDS) is required whenever there is a change of information recorded on the DDS. Relevant comments are to be recorded on SSCH 73 Social Allowance Running Record.

c. Annual reports.

Standard An annual review must be completed on all Guardian Social Allowance cases one month but no more than three months prior to the diary date and should be completed following a home visit.

Standard The social worker must review the child's circumstances to reassess eligibility and recalculate the level of benefit. A revised SSCH 25 Data Decision Sheet (DDS) is used to update circumstances and advance the diary date by one year. Form SSCH 73 Running Record is used to record any relevant information.

2. Methods of Issuing Benefits

The methods used in issuing benefits are the same as social allowance.

a. Automatic cheque issue.

Guardian Social Allowance recipients should be provided with benefits through automatic cheque issue whenever practicable. In cases where the administration of benefits by automatic pay is considered and there is more than one dependent child from the same family unit, the computer program will only produce one cheque to the guardian which will be an accumulation of each child's needs.

b. District office issue.

Where automatic pay is not recommended or where the implementation of automatic pay is pending, benefits may be provided by district office issue. This may be done by either:

(i) SSCH 17 Requisition for Cheque (District Office Cheque). (See Part XIII Forms and Part VII General Procedures.)
(ii) SSCH 18SA Authorization and Invoice. (See Part XIII Forms.)

NOTE: Where the guardian is in receipt of social allowance benefits, the guardian may choose to include the child as a dependant on his social allowance or have a Guardian Social Allowance application completed.

In subrogation situations Program Type 4 is to continue in use.

3. File Closure

(See Part I, Social Allowance 8, D, p. 64.)

4. Re-opening of Files

(See Part I, Social Allowance 8, E, p. 64.)

5. Transfers of Files

(See Part I, Social Allowance 8, F, 1 and 2, p. 64.)

6. Lost Cheques and Reissue of Benefits

(See Part VII, General Procedures.)

7. Assessment of Files

Standard All documents must be assessed prior to the issue of benefits to ensure compliance with program standards.

Standard District office assessors are required to report to the district manager any discrepancies that are not resolved.

PART III - ASSURED INCOME FOR THE SEVERELY HANDICAPPED (AISH)

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PART III ASSURED INCOME FOR THE SEVERELY HANDICAPPED (AISH)

AISH 1: RESPONSIBILITIES AND GENERAL INFORMATION

A. PURPOSE OF THE ASSURED INCOME FOR THE SEVERELY HANDICAPPED PROGRAM (AISH)

The AISH program is designed to enhance the living conditions of severely handicapped Albertans. Many severely handicapped Albertans have limited or no resources from Worker's Compensation, Canada Pension Plan or private insurance plans because they have had limited participation in gainful employment or because their condition is congenital.

The AISH program will ensure an income to severely handicapped Albertans aged 18 and over, who are not eligible for an Old Age Security Pension, and who are not resident in certain institutions. For severely handicapped persons living in designated facilities, a modified benefit level will be available. The AISH program guarantees greater financial security to a large number of severely handicapped Albertans. It also provides coverage for drugs, ambulance service, optical and dental care, and the medical and hospital benefits available under the Alberta Health Care Insurance Plan. If severely handicapped persons cannot meet their needs through the AISH program, they may apply for additional benefits from the social allowance program.

B. LEGISLATION

The legislative authority for the Assured Income for the Severely Handicapped Program is the Assured Income for the Severely Handicapped Act.

Staff involved in the delivery of the Assured Income for the Severely Handicapped Program must be familiar with the terms of the legislation since requirements set out in the Assured Income for the Severely Handicapped Act must be adhered to. A copy of the Act is to be retained in the pouch on the cover of this manual.

C. REGULATIONS

Section 13 of the Assured Income for the Severely Handicapped Act allows for regulations to be set by Order-in-Council.

Limits set out in the Assured Income for the Severely Handicapped Regulation must be complied with. A copy of the regulations are to be retained for reference purposes, in the pouch on the cover of this manual. Amendments must be included as they become available.

D. CONFIDENTIALITY

Section 14 of the Assured Income for the Severely Handicapped Act limits release of information.

If the disclosure of information is necessary in the administration of the Act or is in the best interests of an applicant or his dependants, the information may be released by staff to the following:

1. to an employee of the department or any other department or agency of the government;
2. to an official of the Government of Canada, or an agent of that government;
3. to a person assisting the Director or acting as an agent of the Director;
4. at a trial, hearing or proceedings under the Criminal Code or the Maintenance and Recovery Act related to any matter under this Act, or to a solicitor acting on behalf of any government, authority, or agency and responsible for the institution of that trial, hearing or proceedings;
5. to a government department, municipality or agency of another province of Canada having a responsiblity to provide assistance to persons in need;
6. during the hearing of an appeal before an appeal panel established and acting pursuant to section 12, or;
7. to a number of the Legislative Assembly if he has the consent of the person who has applied for or has received a handicap benefit.

A person who contravenes this section is guilty of an offence and liable upon summary conviction to a fine of not more than $500.

Staff shall ensure that requirements for confidentiality are met at all times.

E. RESPONSIBILITIES OF APPLICANTS OR RECIPIENTS

Standard

Satisfactory identification must be provided by presenting a signature bearing document such as a driver's license, social insurance card, etc.. Assured Income for the Severely Handicapped applicants or recipients are required to verify circumstances by supplying such documents as birth certificates, statement of earnings or paystubs, verification of income, etc..

Recipients of AISH are required to report to their social worker any changes in their income or their spouse's income or any significant change in their medical condition. It is the recipient's responsibility to provide within a reasonable period of time any documents required. Failure to comply with this requirement may result in delay or cancellation of AISH benefits.

F. METHODS

Benefits under the AISH Program are provided under one computer program type (Program Type 9). The issuance of benefits may vary according to the following:

1. AISH (Program Type 9)

For eligible handicapped persons who do not reside in a designated facility. (See AISH 2, C, Residence, p. 78.)

2. Modified AISH (Program Type 9)

For eligible handicapped persons who are residing in nursing homes, auxiliary hospitals, active treatment hospitals or other designated facilities.

3. Social Allowance Plus Handicap Benefit (Program Type 1 Needs Code 15)

To qualify for AISH plus social allowance a person must be determined eligible for both AISH and social allowance. Benefits are calculated in accordance with social allowance policy.

G. DELEGATION OF AUTHORITY

Standard

The authority to approve AISH applications is delegated to the area manager designated as AISH administrator.

District office staff do not have the authority to determine eligibility. Social workers may however, determine ineligibility as it relates to age, residence or income.

PART III ASSURED INCOME FOR THE SEVERELY HANDICAPPED (AISH)

AISH 2: ELIGIBILTY CRITERIA

To qualify for benefits under the AISH program, the applicant must meet the following criteria:

A. MEDICAL/SOCIAL

Standards

1. The applicant must have a severe handicap.

   A severe handicap is one which in the opinion of the area manager designated as AISH administrator, having regard to the advice of a physician, so severely impairs the applicant that it substantially limits his ability to earn a livelihood. The condition must be permanent and the applicant must have accepted any available medical treatment that would substantially lessen the condition.

   NOTE: Conditions such as drug and/or alcohol addiction and obesity, etc., are treatable and reversible conditions which do not meet the above criteria.

2. Multiple handicaps may be viewed collectively when each handicap in itself is not considered severe.

3. The applicant must demonstrate that he is at or near his maximum employment potential and has to date fully utilized or is fully utilizing all rehabilitative resources available within Alberta.

   a. Severely handicapped persons who are employed at or near their maximum potential may be eligible for AISH benefits provided they are not disqualified by the income test.

   b. Severely handicapped persons who are in training may be eligible for AISH subject to the income test. Upon completion of training, applicants will be expected to take any employment within their capabilities.

   c. Age, availability of transportation, or the need to care for dependent children and other social factors may be taken into consideration when determining potential for training or employment. For example, a severely handicapped person who has lived in a community for a long period of time and is dependent on family and community may not be required to relocate for training or employment unless, in the opinion of the area manager designated as AISH administrator, it is in the person's best interest to do so.

   d. If an applicant for a handicap benefit or a person who receives a handicap benefit, in the opinion of the area manager designated as AISH administrator, has refused to seek or to accept reasonable employment for reasonable wages, or has refused or neglected to avail himself of appropriate training or rehabilitative measures, the area manager designated as AISH administrator is under no obligation to provide or continue to provide a handicap benefit to that person and may discontinue, suspend, or vary the handicap benefit provided.

      If the social worker is of the opinion that an AISH recipient has refused or terminated training or employment without just cause, the pertinent details are to be directed to the Medical/Social Review Board, by memorandum or telex, with a request that eligibility be reviewed.

B. AGE

Standard

The applicant must be 18 years of age or older and not eligible for a pension under the Old Age Security Act. An application may be accepted up to three months prior to the applicant's eighteenth birthday. Spouses Allowance is not considered to be a pension and therefore persons receiving Spouses Allowance may qualify for AISH benefits.

C. RESIDENCE

Standard

1. The applicant must be a resident of Alberta and legally entitled to remain in Canada. Recipients on vacation outside of Alberta having a permanent residence in Alberta may continue to receive AISH financial benefits (Program Type 9 only) for up to 6 months. Recipients moving to another province and establishing a permanent residence, will have their AISH benefits cancelled the first of the month following the month in which the move occurred. The department will not mail cheques to an address outside of Alberta. The medical services card may not be used outside Alberta.

2. The applicant must not be residing in one of the following institutions:

   Baker Centre - Calgary
   Claresholm Care Centre - Claresholm
   Eric Cormack Centre - Edmonton
   Gunn Welfare Centre - Gunn
   Hilltop House - Edmonton
   Michener Centre - Red Deer
   Raymond Home - Raymond
   Rosehaven - Camrose
   Single Men's Hostel - Calgary
   Single Men's Hostel - Edmonton
   Women's Emergency Centre - Calgary
   Women's Emergency Accommodation Centre - Edmonton
   Youngstown Home - Youngstown
   Federal penitentiaries
   Correctional institutions
   Alberta Hospital - Edmonton
   Alberta Hospital - Ponoka

3. Only persons residing in the following facilities may be eligible for modified AISH benefit:

   Bethany Care Centre - Calgary
   Bethany Sunset Home - Camrose
   St. Joseph's Home for the Aged - Medicine Hat
   Good Shepherd Home - Wetaskiwin
   Haven of Rest - Medicine Hat
   Hythe Pioneer Home - Hythe
   Sunset Lodge - Edmonton
   Trinity Lodge - Calgary
   Alberta Mennonite Home for the Aged - Coaldale
   Ukrainian Senior Citizen's Home of the Holy Eucharist - Edmonton
   Nursing homes
   Auxiliary hospitals
   Active treatment hospitals

4. AISH benefits may be continued for up to three months for recipients who are temporarily admitted to an active treatment hospital, auxiliary hospital or Alberta Hospital (Edmonton or Ponoka) provided the person continues to maintain a residence and intends to return to the residence. Where circumstances warrant, a further extension of up to three months may be approved by the district manager.

   Eligibility for AISH benefits will not normally be extended for persons temporarily admitted to other institutions or facilities. Where circumstances warrant, however, benefits may be extended if approval is obtained from the area manager designated as AISH administrator.

D. FINANCIAL

1. Income of Applicant and Spouse

Standard

Income must be verified and is considered in determining eligibility and level of benefit, eg. CPP 1006 Authorization to Communicate Information is used to confirm CPP benefits. (See Part XIII Forms, p. 255.) There is an AISH income exemption which applies. (See Part XII Rate Schedules and Codes A, 3 and 4, pp. 170-173.)

a. The following types of income are subject to partial exemption as per the Income Exemption Schedule. (See Part XII Rate Schedules and Codes A, 3 and 4, pp. 170-173.)

Applicant or Spouse

Interest income
Investment income (including income from an estate or inheritance)
Dividends
Oil royalties
Retirement savings
Lottery winnings
Room and board income
Rental income
Farm income
Net income - self employment
Training allowance
Bursaries
Scholarships
Net earnings from employment (that portion of earnings remaining after normal salary deductions other than deductions for loans, indebtedness, bond purchases, savings and room and board)

Spouse Only

Canada Pension Plan
Workers Compensation
Unemployment Insurance Benefit
War Veterans Allowance
Veterans Disability
Old Age Security, Guaranteed Income Supplement, Alberta Assured Income Plan
Any other retirement or insurance income

b. The following income received either by applicant or spouse is totally exempt:

Alberta Heritage Fund Mortgage Interest Reduction Grant
Family Allowance
Federal Child Tax Credit
Alberta Renters' Assistance
Handicap Benefit
Remote area heating allowance
The first $200 monthly income received on behalf of each dependent child excluding family allowance or child tax credit (employment income received directly by the child is not to be considered when determining the applicant or spouse's income)

c. There is no exemption for any income not listed in a. or b. above.

2. Assets

There is no asset test for determining eligibility under the AISH program.

E. TREATY INDIANS, AND PERSON WITH NON-TREATY STATUS RESIDING ON A RESERVE

The AISH program is available to Treaty Indians both on and off reserves, and persons of non-treaty status living on reserves.

Standard

Health care and medical benefits are the responsibility of the federal government and are not provided through the AISH program.

AISH 3: BENEFITS

Benefits available under the AISH program are restricted to the following:

A. FINANCIAL BENEFITS

1. AISH (Program Type 9)

Standard Effective April 1, 1983 the AISH maximum monthly benefit is $604 less any unexempted income of the applicant or spouse.

2. Modified AISH (Program Type 9)

Standard The modified handicapped benefit is the amount of basic necessities as determined in accordance with the Social Development Act, plus $52 less any income that is not exempt.

Normally, the modified benefit will be the sum of:

a. handicap benefit of $52 per month
b. comforts allowance
c. co-insurance fee
d. laundry (if applicable)
e. transportation (if applicable)

less any income that is not exempted.

B. MEDICAL BENEFITS

1. Alberta Health Care Insurance Plan

AHCIP coverage may be provided to a recipient, the recipient's spouse and dependants under 18 years of age living with the recipient. If the recipient obtains coverage directly through an employer's group plan or through a spouse, coverage is to be voided on the DDS.

2. Medical Services Card

The medical services card provides coverage for prescription drug services, dental services and optical services, as outlined in Part I, Social Allowance 6, E, p. 42. In addition, the medical services card provides for ambulance service.

Reimbursement for optical services for recipients of AISH (Program Type 9) and Modified AISH (Program Type 9) must be approved by the district manager or casework supervisor and referred to the Optical Unit, Accounts Payable Section, Central Office.

AISH 4: PROCEDURES

A. DETERMINATION OF ELIGIBILITY

District office staff do not have the authority to determine eligibility for AISH but may determine ineligibility if the applicant's age, residence or income make him ineligible for benefits. Applicants who are deemed ineligible are to be advised of their right to appeal.

AISH applicants who require immediate financial assistance while their application is under review may apply for social allowance benefits.

1. District Office

a. Social Workers complete appropriate forms. (See Part XIII Forms.) AISH medical report SSCH 240 and SSCH 18SA Authorization and Invoice are given to the applicant for completion by his physician.

Standards

b. District office assessors will ensure that all required documents are completed in full and will verify the criteria for eligibility with respect to age, residence, and income, and will complete sections 1 and 2 of the Eligibility Assessment Form, SSCH 307. (See Part XIII Forms, p. 245.)

c. If applicant is eligible according to criteria for age, residence, and income, all documents are forwarded to the Medical-Social Review Board.

d. The district office will implement the decision of the Board if the applicant is eligible for AISH. They will complete the DDS and advise the applicant in writing of the commencement date of benefit and the amount.

e. The assessor completes sections 5 and 6 of the Eligibility Assessment Form. (See Part XIII Forms, p. 245.)

f. Reviews annual reports in order to ascertain continuing eligibility and revise DDSs, advancing the diary date.

2. Medical/Social Review Board

The Medical-Social Review Board will consist of a physician(s) and the area manager designated as AISH administrator. A representative of the Vocational Rehabilitation Branch and a representative of the Mental Health division will also be included where their expertise is required. The AISH administrator makes the final decisions regarding eligibility.

a. The physician(s) will review the medical report and any other pertinent documents to determine whether the applicant is severely and permanently handicapped, and whether the condition is treatable. The physician(s) will complete section 3 of the Eligibility Assessment form and will make a recommendation to the AISH administrator and cite reason(s) for their recommendations.

Standards

b. The AISH administrator's decision, along with a summary of the case, will be recorded in section 4 of the Eligibility Assessment form.

c. If not eligible, the applicant will be advised by letter of the decision and reason(s) for ineligibility, and of his right to appeal.

d. All documents are forwarded to the district office for implementation of the decision. If not eligible, a copy of the rejection letter will accompany the documentation.

B. DATE OF ELIGIBILITY

Standard

Benefits will commence the second month after the month all relevant documents have been received unless otherwise approved by the area manager.

C. CHANGE IN CIRCUMSTANCES

Standard

Whenever there is a change in a recipient's circumstances that may affect eligibility or level of benefit, the file must be updated accordingly before further benefits are issued. A revised SSCH 25 Data Decision Sheet (DDS) is required.

D. FORMS REQUIRED

1. At Time of Application

(See Part XIII Forms.)

a. For handicapped persons applying for AISH benefits who are not in receipt of social allowance, the social worker must complete:

(i) SSCH 238 AISH Application
(ii) SSCH 239 Social Report
(iii) SSCH 240 Medical Report (top portion)
(iv) SSCH 25 Data Decision Sheet
(v) SSCH 122 Farm Report (if there is farm income)

b. For handicapped persons applying for AISH benefits where the handicapped person is the applicant on the social allowance file, the social worker must complete:

(i) SSCH 239 Social Report
(ii) SSCH 240 Medical Report (top portion)

c. For handicapped persons applying for Program Type 9 benefits where the handicapped person is the spouse and not the applicant on the social allowance file, the social worker must complete:

Standards

(i) SSCH 238 AISH Application
(ii) SSCH 239 Social Report
(iii) SSCH 240 Medical Report (top portion)
(iv) SSCH 25 Data Lecision Sheet

d. For Program Type 1 with Needs Code 15 (Social Allowance plus handicap benefit) the applicant must meet eligibility for both social allowance and AISH:

(i) Where an applicant for AISH requires social allowance the worker must complete:

- SSCH 39 or SSCH 937 Social Allowance Application in the name of the handicapped person
- SSCH 239 Social Report
- SSCH 240 Medical Report (top portion)
- SSCH 25 Data Decision Sheet
- SSCH 52 Farm Report (if there is farm income)

(ii) Where the handicapped person is on an active social allowance file and is applying for AISH, the social worker must complete:

- SSCH 239 Social Report
- SSCH 240 Medical Report (top portion)
- SSCH 25 Data Decision Sheet is submitted to implement Program Type 1 if approved for AISH benefits

(iii) Where the handicapped person is the spouse and not the applicant on the social allowance file, the social worker must complete:

- SSCH 39 or SSCH 937 Social Allowance Application in the name of the handicapped person who must be shown as beneficiary number 00 on the DDS
- SSCH 239 Social Report
- SSCH 240 Medical Report (top portion)
- SSCH 25 Data Decision Sheet is submitted to implement Program Type 1 if approved for AISH benefits

e. For AISH recipients applying for social allowance plus handicap benefit the social worker must complete:

   (i) SSCH 39 or SSCH 937 Social Allowance Application
   (ii) SSCH 25 Data Decision Sheet

2. At the Time of Annual Review

(See Part XIII Forms.)

a. SSCH 241 AISH Annual Report

Standards b. SSCH 239 Social Report

c. SSCH 122 AISH Farm Report (if applicable)

d. SSCH 25 Data Decision Sheet

E. ANNUAL REPORTS

Standard The annual report will be mailed to the recipient from the district office three months prior to the diary date with a self-addressed return envelope. In cases where the annual report is not returned or when a recipient has not completed it by the specified date, the district office will be required to assist in its completion.

Standard A minimum of 10% of the recipients who have completed the annual report must be visited to verify the information given. Social Report SSCH 239 is to be completed by the social worker to document the home visit.

Standard District office staff are required to review the annual reports and complete a DDS reflecting any change in the recipient's circumstances and advance the diary date.

F. FARM REPORTS

Standard For farm operators, an annual review is to be made to determine the amounts of farm revenue to be shown as income in calculating AISH benefits. The AISH Farm Report SSCH 122 is to be used for this purpose at the time of application and annual review.

Standard The twelve month period extending from January 1 to December 31 of the preceding year is the year when farm income is to be reported.

Standard April 1, in the year following the farm year, is the diary date for annual review purposes.

Standard In calculating the net farm income, all actual farm revenue received and all actual expenses incurred during the calendar year will be considered. Repayment on the principal portion of loans and depreciation are not allowed as an expense since the actual items purchased may be considered as an expense when purchased.

Standard Profit or loss is determined by considering the difference between total actual revenue and total expenses. A profit is considered "net farm income" and this amount is reflected on the DDS as monthly income averaged over the succeeding calendar year. At the initial review, accounting for revenue is made from the date of application to termination of the calendar year.

G. VOLUNTARY NEEDS AND ASSET TESTING - T4A SLIPS

Under the Canada Assistance Plan, the federal government will cost-share benefits provided under provincial programs meeting the specifications for needs and assets testing prescribed under the Social Development Act.

The portion of Program Type 9 benefits eligible for cost-sharing will be calculated by the computer. Federal income tax legislation requires that any benefit issued that is not eligible for cost-sharing may be taxable. If required by Taxation Canada, and if there is a taxable portion, a T4A Supplemental will be generated by the computer to recipients indicating the AISH benefits that are taxable.

It is therefore advantageous to both the recipient and the department to identify shelter needs (including utilities) and assets on the DDS, to minimize the amount of the recipient's taxable income and maximize the province's cost-sharing potential. It should be noted that recipients are under no obligation to provide this information and should any individual refuse to do so, no effort should be made to compel him and, his refusal will in no way affect the level of benefit to which he is entitled.

H. INCOME EXEMPTION CALCULATION

The income exemption is calculated by deducting from eligible monthly income $165 for single persons and $775 for married couples. Any eligible monthly income in excess of these amounts will be exempted at the rate of 25%.

Where a couple apply and both man and woman are eligible for Assured Income for the Severely Handicapped benefits, separate files will be opened. The rules for determining income exemptions are as follows:

1. Transfer income of the head (Ben. No. 00) is shown only on that person's own file and is totally deducted without exemption. Transfer income is Canada Pension Plan, Workers Compensation, Unemployment Insurance Benefit, War Veteran's Allowance, Veteran's Disability.
2. Other income is combined and exempted by totally exempting the first $775 and deducting 37.5% of any amount over $775. The income exemption is computed in this manner for each file and the income exemption tables are not applicable in these circumstances.
3. Calculations of Income Exemption
    a. If combined other income is $775 or less it is totally exempted.

Standard

    b. If combined other income exceed $775 use the following methods of calculation:

From the total other combined income (not to include transfer income) subtract $775 and calculate 37.5% of this difference.

Example:

Exemptable income as shown on DDS:

Handicapped Male (earning part time)	$ 600
Handicapped Female (interest income)	400
Total Other Combined Income	$1,000
Basic Exemption	$ 775
Income Above Basic Exemption	$ 225

Additional Exemption on $225 is
$225 x .375 = $85

Total Exemption = $775 + $85 = $860

The amount is shown in the Continuous Needs section of the DDS under code 21, AISH Income Exemption on each file.

Only the transfer payment for the head is shown on the head's file. In the following example, the male receives CPP of $134, the female receives CPP of $67.

Needs, Income and Deficit shown on DDS as follows:

	File 1 (Male Head)		File 2 (Female Head)
	Needs		Needs
Code 16	$ 604	Code 16	$ 604
Code 21	860	Code 21	860
Total	$1,464	Total	$1,464
	(Male Head)		(Female Head)
	Income		Income
Code 34 (CPP)	$ 134	Code 34 (CPP)	$ 67
Code 41 (Earnings part-time)	600	Code 43 (Interest)	400
Code 43 (Interest)	400	Code 41 (Earnings part-time spouse)	600
Total	$1,134	Total	$1,067
Deficit	$ 330	Deficit	$ 397

Standard

4. If the applicant resides in a nursing home or other facility the income of the spouse is taken into consideration in determining eligibility.

I. APPOINTMENT OF TRUSTEE

In cases where the applicant is unable to look after his own affairs due to a severe disability, a trustee may be appointed. If trusteeship is being established, the "statement of trustee" portion of the application form is completed. In the event of a change of trustee, form SSCH 509 Acknowledgement of an Appointment of a Trustee, is completed. (See Part XIII Forms, p. 248.)

The trustee is expected to keep reasonable records of the amount of handicap benefit received on behalf of the recipient and how they are expended. The cheques are made out in the trustee's name and endorsed by him. In all other cases, the recipient must endorse his cheque.

J. RE-ISSUE OF AISH CHEQUES TO THE ESTATE OF A DECEASED RECIPIENT

When an AISH recipient is deceased and has not cashed AISH cheque(s) for previous months or the month in which death occurred, the cheque(s) may be re-issued to the deceased person's estate.

Standard

To re-issue AISH benefits to an estate, cheque(s) must be returned to the Cheque Information Unit, Income Security Accounts. Instructions must be given providing the name and address where the cheque should be mailed once the change in payee has been made.

K. CHEQUE HOLDS

(See Part VII General Procedures.)

L. CHEQUES THAT ARE LOST, STOLEN OR NOT RECEIVED (EXCEPT WHERE RDE PROCEDURES APPLY)

Standard

If a cheque (automatic cheque issue or district office issue) is lost, stolen, or not received, a replacement cheque must not be issued through the AISH program until a stop payment has been confirmed by Income Security Accounts. For procedures to effect a stop payment refer to Part VII General Procedures.

M. LOST CASH

Standard

Lost cash will not be replaced through the AISH program. If AISH recipients who lose cash do not have sufficient resources to maintain themselves, they may apply for social allowance. If social allowance is granted, as an exceptional consideration, a repayment agreement may be required and recovery effected from subsequent AISH benefits.

N. FILE CLOSURES (EXCEPT WHERE RDE PROCEDURES APPLY)

Standard

AISH files must be closed effective the last day of the month in which benefits were last issued. A DDS effecting file closure must be submitted within the first 10 days of the following month.

O. RE-OPENING OF AISH FILES (EXCEPT WHERE RDE PROCEDURES APPLY)

1. Files Closed Three Months Or Less

Standard

If a file has been closed for three months or less, a re-open transaction on the DDS and a completed Social Report SSCH 239 are required to re-open the file. Program Type must be re-inserted. AISH must not be issued for a partial month. Re-open date is the first of the month following the date of re-application except for files re-opened on the first of the month, which may show the current date. Benefits may be issued to the recipient provided that the circumstances leading to closure of the file were not medically related and the person again qualifies for benefits. If the reason for closure was medically related, a new application must be submitted to the Medical-Social Review Board.

2. Files Closed More Than Three Months

Standard

If a file has been closed for more than three months, a new application must be completed and submitted for approval.

P. FILE TRANSFERS BETWEEN DISTRICT OFFICES (EXCEPT WHERE RDE PROCEDURES APPLY)

The procedure for file transfers is the same as outlined for the social allowance program. (See Part I, Social Allowance 8, F, p. 64.)

PART IV - ALBERTA ASSURED INCOME PLAN (AAIP)

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PART IV ALBERTA ASSURED INCOME PLAN (AAIP)

A. PURPOSE

The purpose of the Alberta Assured Income Plan (AAIP) is to provide an income supplement to low income senior citizens who receive the Federal Old Age Security and Guaranteed Income Supplement benefit.

B. LEGISLATION

The legislative authority for the Alberta Assured Income Plan is contained in the Senior Citizens Benefit Act.

C. REGULATIONS

Section 2 of the Senior Citizens Benefits Act allows for the payment of benefits in accordance with the regulations.

D. ELIGIBILITY

1. Age

Standards

a. Persons age 65 years or older who receive the Federal Old Age Security and Guaranteed Income Supplement (GIS).

b. Widows or widowers of pensioners who were in receipt of or eligible to receive the Extended Spouse's Allowance as of May 1, 1983.

2. Residence

a. Must be a resident of Alberta.

b. May be absent from Alberta for up to six months if their intent is to return to Alberta.

c. Pensioners moving from Alberta have their AAIP benefit cancelled effective the first day of the month following the month during which they left Alberta.

E. BENEFIT

The level of benefit may vary from a minimum of $10 per month to a maximum of $95 per month. The rate is determined by the amount of the Federal Guaranteed Income Supplement (GIS) or Extended Spouse's Allowance (actually received or eligible to receive effective May 1, 1983). The GIS or Extended Spouse's Allowance is determined by the pensioner's report of personal income at the time of application and renewal through the Federal Old Age Security.

F. METHOD OF PAYMENT

Applications for benefit under AAIP are not required, as AAIP is automatically paid to persons in receipt of GIS and Extended Spouse's Allowance. Cheques are generated by Treasury and mailed directly to the pensioner.

PART V - DAY CARE SUBSIDY

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PART V DAY CARE SUBSIDY

DAY CARE SUBSIDY 1: PURPOSE AND GENERAL INFORMATION

A. PURPOSE OF THE DAY CARE SUBSIDY PROGRAM

The purpose of the Day Care Subsidy Program is to help low income families pay for day care costs for pre-school aged children while the parent(s) is working, attending educational institutions, or has special needs.

B. GENERAL PROVISIONS

The subsidy provided through this program for each eligible family is child specific in that a monthly subsidy amount is established for each child in day care. The subsidy amount is for a variable portion of the full monthly fee for day care. Each eligible family is responsible for a monthly parent fee calculated according to the number of dependants, specifically the spouse and unmarried children under age 18 living in the home, and net family income. The parent or guardian is responsible for making application for subsidy. Payment of subsidy is made directly to the day care operator, except in the case of satellite family day home projects where payment is made to the Project Coordinator.

Pre-school age children of an eligible family can be placed in any of the following day care facilities that will care for subsidized children under the terms of the program:

1. A day care centre licensed under the Day Care Regulation; or
2. A family day home within the Satellite Family Day System; or
3. A family day home licensed under the Day Care Regulation or a social care facility licensed under the Social Care Facilities Licensing Act, subject to the following:
   a. In communities where there are no satellite family day home projects, licensed homes may continue to serve subsidized children and accept new ones, until a project starts.
   b. When a satellite family day home project starts in the community, subsidy will continue only for those subsidized children in care for a reasonable period of time to permit the licensed home to align with a project.
   c. A home licensed prior to March 31, 1983 in an area serviced by a satellite family day home project, wishing to care for subsidized children, but not able to align with an agency, (e.g., agency does not wish to assume the responsibility, has a differing philosophy of child care, is too far away, etc.), may continue to serve presently subsidized children upon the approval of the Regional Director. No new subsidized children will be accepted.

      In communities serviced by a satellite program, family subsidy will not be available to homes licensed after March 31, 1983 and operating independently in the community. (Not aligned with a satellite family day home project.)

   After-school child care programs are a municipal responsibility. A municipality that assumes responsibility for after-school programming may have this service cost-shared by the provincial government through the Family and Community Support Services Program.

   Where responsibility for after school programming has not been accepted by a municipality, the provincial after school subsidy will continue only for the school age child of an eligible family already in receipt of provincial after school subsidy for that child. This applies only to those children who were grandfathered in for the 1981-82 school year.
4. An after school care facility which is also licensed under the Day Care Regulation for pre-school children.

C. TYPES OF DAY CARE FACILITIES

1. Day Care Centre: A facility that provides care, development and supervision for seven or more pre-school age children, for more than three consecutive hours per day.

2. Licensed Family Day Home: A facility within the operator's private residence that provides care, development and supervision for 4, 5, or 6 pre-school age children, for more than three but less than 24 consecutive hours per day. Subsidy may only be provided as outlined in Day Care 1, B, 3, c, p. 91.

3. Satellite Family Day Home: A facility within the operator's private residence that provides care, development and supervision for no more than 3 pre-school age children who are not her own, or not resident in her home, and not more than 5 pre-school age children including her own. These homes are subject to the Satellite Family Day Home terms and standards established by the Day Care Program.

4. Social Care Facility: A facility within the operator's private residence that provides care, development, and supervision for no more than three pre-school age children and for at least one other child of school age, all not her own.

D. AFTER SCHOOL CARE FACILITIES

A facility that provides care, development and supervision for school age children. The after school program may be located in a facility that services only school age children, or provided in a day care centre, family day home or social care facility. Services may be provided before school, during lunch period, and after school, or any combination thereof, on school days. During school holidays, including teacher's professional days, service may be full or part-time day care.

E. CONFIDENTIALITY

Discretion should be exercised to ensure that all information received from or on behalf of applicants and recipients of day care subsidy is maintained as confidential information.

DAY CARE SUBSIDY 2: ELIGIBILITY

Eligibility for participation in the subsidy program is based on:

- reason for requiring day care; and
- regular attendance, full- or part-time.

The subsidy for which a family may qualify is calculated on the basis of:

- family size, that is, the number of dependants living in the home, specifically the spouse and unmarried dependent children under eighteen years; and
- net family income.

A. REASON FOR REQUIRING DAY CARE

1. Employed: gainful employment, full- or part-time, for which the person receives an income.

2. Student: attendance, full- or part-time, at a recognized technical or trade school, high school, college or university. Verification of enrollment in the educational institution, such as a letter from the registrar's office, must be provided by the applicant. Subsidy may be considered for students enrolled in training programs such as Contemporary Women's Programs. These cases must be documented by the subsidy worker and referred to the casework supervisor or district manager for consideration.

3. Special Needs:

   a. To meet the needs of the parent.

Standard

(i) Where a disabling condition of a parent(s) prevents him from providing adequate child care by himself. Medical verification may be required if the condition is not self-evident.

(ii) Health or family situations requiring the parent's absence from the family residence for at least one week (five subsidy days).

(iii) Where a parent is actively seeking employment which requires him to be absent from the home, a subsidy payment may be allowed for a maximum period of one month. Any extension beyond the one month period requires the approval of the casework supervisor or district manager, as an exceptional consideration. In all instances where an extension is requested, adequate evidence of job search must be provided by the parent.

   b. To meet the needs of the child.

(i) Where a child should be in day care to prevent the need for child protection action, as indicated by the parent and recommended in writing by a child care worker or other social worker.

(ii) Where a child should be in day care for the benefit of the child, as recommended in writing by a psychologist, psychiatrist, or medical doctor.

Standard

Subsidy for the situations identified in b. (i) and (ii) above are limited to a 6 month period. The district manager, based on a review of the special needs, including new documentation and reports, may approve an extension for a further period not to exceed 6 months. Where the need for day care extends beyond a twelve month period, approval for a further 6 month extension must be obtained from the area manager as an exceptional consideration. Appropriate documentation which recommends the child's continued need for the day care service must accompany the referral to the area manager.

NOTE: Where a family on social allowance requires day care services to meet the special needs of a child as identified in b. (i) and (ii) above, the social allowance program will not pay the $45 minimum parent fee. Funding for the minimum parent fee should be sought from other programs.

Provincially approved foster parents caring for children who either have been committed to the care and custody of the Provincial Director of Child Welfare or who are in care under Custody by Agreement, are not eligible for this subsidy program for the children. The Child Welfare Branch is responsible for the financial support of children in care (wards or Custody by Agreement) requiring day care services to meet special needs.

B. FAMILY UNIT

For subsidy purposes, the applicant's family unit shall include:

- the applicant and spouse of marriage or common-law union
- unmarried children under 18 years of age, living in the home and financially dependent on the applicant.

The number of dependants will be used on the fee schedule along with net family income to determine eligibility for subsidy.

C. NET FAMILY INCOME

Eligibility for subsidy is also based on the monthly net income for the family unit.

Standards

Monthly net income is the combined gross income of persons in the family unit less allowable deductions and special expenses as outlined in subsections 1 to 4 below.

1. Family Income

a. Employment income.

- all wages and salary from full or part-time employment;
- living allowances for isolated community;
- rent deducted by the employer or free room and board paid by the employer;
- free room and board received by the applicant (average rate in the community);
- bonuses, tips, gratuities, and commissions;
- pay deductions for purpose of debt repayment, contributions for Registered Retirement Savings Plan, Registered Ownership Savings Plan, or for purchasing savings bonds or shares.

b. Other income.

- Government transfer payments such as:
  - family allowance
  - worker's compensation
  - Old Age Security, Guaranteed Income Supplement and Alberta Assured Income Plan
  - adult training allowance
  - Assured Income for the Severely Handicapped
  - Spouse's Allowance
  - Canada Pension Plan
  - Unemployment Insurance
- alimony and maintenance income received, including payments for mortgage or rent made on behalf of the applicant by the non-resident spouse
- bursary, scholarship (monthly average)
- pension incomes (private or government pensions, including other countries)
- income from investment, e.g. interest/dividends, rental income (rental income: 50% of rent received, including rental income from shared accommodation, or 25% of room and board received in applicant's residence, based on average room and board rate in the community. The applicant must declare 100% of rental income from any dwelling other than his primary residence. Expenses associated with such a dwelling may be considerd as allowable deductions.)

c. Income from self-employment.

Net income equals income after normal business expenses and eligible deductions are subtracted. Capital cost allowance (depreciation) and deductions for losses of other years are not considered eligible deductions. For highly fluctuating income, averaging over a three-year period is allowed.

If the applicant has difficulty in estimating his present net income, and has been self-employed in a similar occupation for one or more years, net income from previous year's income tax return and Notice of Assessment (T452 or T453) can be used. The applicant should be asked to refer, for example, to his previous year's tax return and

(i) From line 24 of the return, calculate income before eligible deductions and add capital cost allowance (depreciation) if such allowance has been claimed.

(ii) Add the amounts of eligible deductions from lines

26	Canada Pension Plan contributions
29	Unemployment Insurance contributions
35	union or professional dues
39	for other deductions enter only the amount of alimony or separation allowance paid out
47	or 48 medical expenses not to exceed $250/year
70	tax payable

(iii) Obtain net income by subtracting amount in step (ii) from step (i); divide by 12 to get monthly average.

Where an applicant has recently commenced self-employment and income is difficult to estimate, present net income can be used for a maximum of three months. For these cases, family income, including income from self-employment, should be re-assessed within 3 months.

d. Documentation required to verify income.

Standard

Pay slips or cheque stubs, or other suitable documentation must be obtained to verify a full month's employment earnings, including all deductions. For self-employed persons, income tax records may be used as described above. For variable earnings, a monthly average should be determined from available documentation.

Family allowance can be verified by using the following scale:

Age of Child	Monthly Allowance (1982)	Monthly Allowance (1983)
0 - 6	$20.90	$22.10
7 - 11	26.10	27.70
12 - 15	34.30	36.40
16 - 17	38.50	40.80

2. Excluded Types of Income

- part-time earnings of dependent children up to 17 years of age, which are either very low-paying or temporary or both, such as earnings from a newspaper route or summer employment.
- tax credits, e.g., Renter's Assistance Tax Credit and Child Tax Credit.
- student loans.
- Guardian Social Allowance.
- benefits paid under the Alberta Heritage Fund Mortgage Interest Reduction Program.

Special grants may be provided by Handicapped Children's Services of the Child Welfare Branch, or Services for the Handicapped Branch of the Rehabilitation Services Division, to pay additional cost incurred in providing special care to some handicapped children. These additional costs would exceed the full fee for care for non-handicapped children. Such grants will not be taken into consideration in determining eligibility for parents or guardians applying for the Day Care Subsidy Program.

Standard

3. Allowable Deductions

- UIC, CPP contributions
- union dues, professional fees
- compulsory deductions for company pension
- employee's share of health care premiums
- income tax deduction

Standard

NOTE: Income tax must be verified and, where necessary, adjusted in accordance with marital status and family size.

- income tax shall be calculated and deducted on alimony and maintenance payments (see Interpretation Bulletin 118 available from Revenue Canada)
- expenses, excluding depreciation, associated with rental income from any dwelling other than the applicant's primary residence (mortgages, taxes, fire insurance)
- additional child care expenses incurred where employment includes evening or weekend work, for example, hairdresser, cab driver, nurse
- other involuntary deductions such as compulsory group plan insurance, tuition for college, institute of technology or university where paid by applicant or spouse, (if a student loan is received, tuition is not an allowable deduction).

NOTE: After school care costs for school age children are not an allowable deduction.

4. Special Expenses

a. High cost, non-recoverable expenditures on behalf of a dependent who has long-term mental or physical ill health, such as chronic emotional disturbance, handicap, or developmental problem.

b. Ongoing, usually monthly expenditures, not recoverable from a private or government insurance plan such as Blue Cross or Alberta Health Care Insurance Plan, and not provided through a government program such as Alberta Aids to Daily Living.

c. Expenses may be considered, such as that portion of psychiatrist, psychologist, marriage counselor or drug or alcohol addiction counselor's fees not covered by Alberta Health Care Insurance, Blue Cross, or other private health insurance programs; expenses for the correction of developmental problems in children (for example, reading disabilities); costs of orthodontia not covered by an insurance plan or benefit program.

d. If child support or alimony payments are claimed, the actual amount paid out (or monthly average) should be claimed, rather than the amount stipulated by court order, if the two differ.

Standard

NOTE: Where special expenses are irregular, these must be averaged to a monthly amount. Proof of expenses must be provided by way of receipts or, in the case of child support or alimony payments, by cancelled cheque. A description, and reason for special expense, must be given.

D. ATTENDANCE

Standard

1. Full-Time or Part-Time: Attendance at day care centres or family day homes must be on a regular basis for either full-time or part-time. The fee that day care facilities charge for their services will be either:

(i) the full fee for full-time attendance in a month, or
(ii) a portion of the full fee according to the hours and days attendance in a month.

A child registered for full-time attendance is usually enrolled for 21 days a month, 5 days a week, 8 hours per day. For subsidy payment purposes, the fee for full-time attendance shall be extended if a child is registered to attend the facility at least 16 days per month and 6 hours per day. This is the minimum enrollment commitment to qualify as full-time care. Any usage less than 16 days per month and 6 hours per day is part-time care.

NOTE: If a child is in care for part of a month because he commenced late or terminated before month-end, the subsidy payment shall be pro-rated regardless of whether service was provided for 16 days, 6 hours per day.

Day care subsidy workers are to be alert that a fee for part-time attendance in day care is to be calculated as a proportion of the day care fee for full-time attendance, or the maximum subsidy level of $240, whichever is less. For all part-time care situations, subsidy workers must verify with the day care provider the number of days per month, hours per day, that care is required, and the fee for service.

To assist monitoring of part-time fees, subsidy workers shall record the number of hours per day that care is required in all part-time care situations. This is to be recorded on the SSCH 210 Child Placement, in Section III, near the code indicating type of care required.

Subsidy workers are required to calculate part-time fees in order to determine the subsidy portion of the total fee for service. The following procedures are to be used:

Where part-time attendance is for full days (minimum 6 hours a day), the subsidy worker is to calculate the part-time fee by means of the following formula:

$$\frac{\text{Number of days enrolled}}{21} \times \text{fee for full-time attendance or \$240 (whichever is less)}$$

Where part-time attendance is for partial days (less than 6 hours per day), the subsidy worker is to calculate the part-time fee by means of the same formula, however, the resulting part-time fee is to be multiplied by the number of hours per day attended and divided by 6.

NOTE: Where parents choose to use facilities where the fee for part-time care exceeds the fee as calculated by the formula, the difference in cost will be the parent's responsibility. Where a child is enrolled part-time in a facility whose full-time fee exceeds the $240 subsidy ceiling for day care, the surcharge, pro-rated for part-time attendance, must be reflected in the part-time fee calculation. The parent is responsible for this additional cost.

To ensure that day care operators claim the appropriate subsidy amount in part-time fee situations, subsidy workers must record the subsidy amount and the parent fee portion based on these calculations on the SSCH 210 Child Placement.

Standard

NOTE: Children who attend Early Childhood Services programs (kindergarten) and who require a day care service shall be regarded as pre-schoolers. The day care service may be full or part-time in accordance with the number of days per month and hours per day the child is registered to attend. The $240 maximum subsidy for day care shall apply.

2. Casual

Standard

Irregular, infrequent, or drop-in use shall not be subsidized.

3. Absenteeism

a. 21 Day Absenteeism Allotment.

Each subsidized child is allotted 21 subsidy days per subsidy year to cover holidays, casual illness or absences that are not explained. The subsidy year ordinarily extends for a 12 month period from date of commencement of subsidy. A child's subsidy year does not change with the calendar year or fiscal year.

The subsidy program will pay the subsidy portion for absent days that are debited against the 21 day allotment. When this allotment is depleted, the parent or guardian is responsible for payment of the subsidy portion for any additional non-exempted absent days until a new subsidy year commences.

Where a parent is notified by a day care operator that his child's 21 day absenteeism allotment for the subsidy year has been depleted, the parent may initiate a review of the situation by contacting the subsidy worker. The subsidy worker's review shall include liaison with Revenue Administration to verify absences debited to the 21 days. Both the parent and the operator shall be advised of the outcome of the review. Where an adjustment to the debits is warranted, this decision must be approved by the casework supervisor or district manager and documented to Revenue Administration to ensure that absenteeism records are corrected.

The following formula shall be used to calculate the parent or guardian's payment for any non-exempted absent days in excess of the 21 day absenteeism allotment:

$$\frac{\text{monthly subsidy portion}}{21} \times \text{number of absent days}$$

NOTE: This payment is in addition to the usual parent portion.

There is no provision for carrying over any unused portion of 21 days to the next subsidy year.

b. Absence for Reason of Child or Parent Illness.

(i) Illness of child.

A child's absence for reason of illness shall not be debited against the 21 day absenteeism allotment where the day care operator obtains a medical note from the parent or guardian confirming that the child sought medical treatment and submits this note with the month-end subsidy claim to Revenue Administration. This note must be submitted within 3 months of the period of illness for the absence not to be debited against the 21 days. Acceptable medical documentation includes a note from a physician, nurse, or other health services professional.

Where medical documentation indicates a child's illness is expected to last more than one month, during which the child will not attend day care, Revenue Administration shall refer the case to the appropriate casework supervisor or district manager for a review and decision about the family's eligibility for subsidy based on the child's need for a day care service. The approval of the casework supervisor or district manager is required for the exemption of a child's absence because of illness lasting more than one month.

Child absence for reason of casual illness will be debited against the 21 day absenteeism allotment. Where the day care operator sends a sick child home, this absent day shall not be debited against the 21 days providing the operator notes this situation on the claim form when reporting the child's absence. No medical documentation is required for this absent day. Any subsequent absent days related to the child's illness shall be regarded as casual illness and debited to the 21 days unless medical documentation is provided.

(ii) Illness of parent.

A child's absence for reason of parental illness of 3 days up to 5 consecutive subsidy days shall not be debited against the 21 day absenteeism allotment where medical verification of illness is provided within 3 months of the period of absence. Where the duration of parental illness exceeds 5 consecutive subsidy days and the parent has been unable to make arrangements for the child to resume attendance at day care, the casework supervisor or district manager shall require the subsidy worker to review the family's eligibility for subsidy based on the child's need for a day care service. The approval of the casework supervisor or district manager is required for the exemption of a child's absence because of parental illness exceeding 5 consecutive subsidy days. Child absence for reason of parental illness of 1 or 2 days shall be debited against the 21 day absenteeism allotment.

NOTE: Where medical documentation submitted with a subsidy claim does not specify the period of illness for the child or parent, Revenue Administration shall refer the case to the appropriate casework supervisor or district manager for review and a decision about exemption of the child's absence.

c. Absence of a Child for Reason of Visits With the Non-Resident Parent.

In single parent families, where there is a court order specifying the right of access of the non-custodial parent to the child, absences for a maximum of ten subsidy days per subsidy year because of the child's visits with this non-resident parent, shall not be debited to the 21 day absenteeism allotment.

Where a day care operator submits a subsidy claim to Revenue Administration indicating a child's absence was for reason of visits with the non-resident parent, and documentation confirming a court order is not submitted with the claim, Revenue Administration shall refer the case to the appropriate casework supervisor or district manager for the attention of the subsidy worker. The subsidy worker shall be required to confirm the existence of the court order and to document this to Revenue Administration in order for the exemption of up to ten subsidy days per subsidy year to apply.

d. Student Parents on Semester Break.

A student parent's requirement for a day care service should reflect semester breaks, reading weeks, and any other days when classes are not held. These non-class days for the student's educational program are ordinarily identified by the calendar of the educational institution. The parent and operator should consider these non-class days in establishing the child's enrollment commitment in day care.

The total number of non-class days for the student's semester should be divided by the number of months in the semester, to determine the average number of days per month that the child does not require a day care service. The child's average monthly enrollment commitment is established by substracting the average number of days per month service is not required, from 21 days (the average number of subsidy days in a month). For example, a four month semester from September to December may have a total of 16 non-class days, or an average of four days a month that a day care service is not required. Subtracting these 4 days from 21 days results in an enrollment commitment of 17 days for the child.

A day care operator is not required to report a child as absent on the student parent's non-class days, since the day care service is not required, and the child is not expected to attend. The operator can expect a fee for full-time care as long as the child's enrollment commitment averages out to at least 16 days a month, 6 hours per day.

e. Employed Parents With Days Off.

An employed parent's requirement for a day care service should reflect days off. For example, if the parent has each Monday off, and works Tuesday to Saturday, then the child's enrollment commitment for subsidy purposes should be established on a basis of a 4 day work week. An employed parent who does not require a day care service on his days off, shall not have these days debited as absent days since the child is not expected to attend. The parent's day care requirement shall be regarded as full-time as long as the child is enrolled for at least 16 days a month, 6 hours a day.

An employed parent on shift work who does not have a regular day off may also establish the child's enrollment commitment on the basis of the average number of days per month the day care service is required. A child who does not attend the day care on the parent's days off shall not be regarded as absent.

f. Statutory Holidays.

Where a child commences care after the first of the month or terminates before month end, the day care operator can expect payment for statutory holidays provided the child was registered both before and after the date(s) in question.

In situations where the first possible subsidy day is a statutory holiday, for example, July 1, and the child is registered to attend from the first of the month, the day care operator shall be paid for this statutory holiday. Subsidy workers should ensure that the subsidy to commence date on the SSCH 210 Child Placement is recorded as the first of the month.

g. Day Care Facility - Closures for Parent Holidays and Service Withdrawal.

Where a day care facility closes for reason of parent user holidays and/or semester breaks, the day care operator shall be paid the full monthly subsidy portion, providing the child received services for the minimum 16 days, 6 hours per day. If less than this minimum service for full-time care was provided, payment shall be pro-rated.

Where a day care facility temporarily closes or withdraws services for reasons other than parent user holidays or semester breaks, and the day care operator makes alternate child care arrangements for the parents, the full monthly subsidy portion will be paid. In situations where the parents are responsible for making other child care arrangements, the subsidy payment shall be pro-rated regardless of whether services was provided for 16 days, 6 hours per day.

No additional subsidy will be made available to parents who need alternate child care arrangements. A child who is unable to attend a facility because of temporary closure or withdrawal of service shall not be regarded as absent.

It is a requirement that day care operators participating in the Day Care Subsidy Program shall provide parents, upon enrollment of a child, with a list of those days (excluding Saturdays and Sundays), on which the day care facility will be closed during the current calendar year. This list must also be sent to the subsidy worker in the district offices and to Revenue Administration prior to January 1 of each year in which the operator wishes to participate in the subsidy program.

h. Extenuating Family Circumstances.

Where there are extenuating family circumstances, such as a death in the family, requiring a child to be absent from day care, the subsidy worker shall document these circumstances and refer the matter to the casework supervisor or district manager for a decision about exemption of the absenteeism. The decision must be documented to the attention of Revenue Administration to ensure appropriate recording of the child's absences as recorded on the subsidy claim. The family and the day care operator must also be advised of the decision.

Where a day care operator submits a subsidy claim to Revenue Administration indicating absenteeism because of extenuating family circumstances, and pertinent documentation has not been received from the district office, the case is to be referred to the attention of the casework supervisor or district manager.

E. EXCLUDED PROGRAMS

Day care subsidy program benefits are not available for users of drop-in programs, nursery schools, play schools, or mother's day-out programs.

F. SOCIAL ALLOWANCE RECIPIENTS

Social allowance recipients who apply for day care subsidy benefits shall not be income tested to determine eligibility. Subsidy workers must confirm the social allowance status of the applicant by contacting the income security worker to verify the family is currently in receipt of social allowance benefits. When social allowance benefits terminate, the client's eligibility for subsidy benefits must be reviewed. The usual income test procedures shall apply.

G. TREATY INDIANS

The Day Care Subsidy Program is not available to any families whose children attend day care facilities located on Indian Reserves. Treaty Indians living off the reserve may qualify for the subsidy program in day care facilities located off the reserve.

Treaty Indians living off the reserve and in receipt of benefits from Indian Affairs may qualify for the subsidy program. These federal benefits are to be regarded as income and assessed. Funding for the parent portion of the day care fee should be sought from Indian Affairs.

DAY CARE SUBSIDY 3: BENEFITS

A. GENERAL INFORMATION

Determination of benefits paid through the Day Care Subsidy Program is dependent upon use of the fee schedule. (See Part XII Rate Schedules and Codes A, 5, pp. 174-178.) The fee schedule identifies the amount that a parent pays for day care (parent's portion). Families who use facilities where the cost exceeds $240 for day care or $120 for after school care will be required to pay the additional fee themselves. This surcharge is in addition to the parent fee portion identified by the fee schedule.

The fee schedule is a sliding scale based on the following:

1. Minimum Family Payment of $45. This minimum refers to the first $45 of the day care fee and is paid by every family qualifying for subsidy. Some families pay more than the $45 minimum in accordance with net family income. The minimum fee is not assessed for each child, but applies to the family unit regardless of the number of children in care. The $45 minimum applies to both full and part-time care.

2. Maximum Subsidy Level of $240 or $120. The maximum subsidy payable for full-time day care is $240. The maximum subsidy payable for after-school care is $120. (See Day Care Subsidy 1, B, 4, p. 89.)

   NOTE: For family units with one child in care or for the youngest of two or more children in care, the maximum subsidy payable is $195 per month for day care or $75 per month for after school care.

   For the second and each additional child of family units with multiple child placements in care, the maximum subsidy payable is $240 per month per child for day care or $120 per month per child for after school care.

3. Number of Persons in the Family Unit. The number of persons in the family unit (see Day Care 2B, Family Unit) determines the "turning point". This is the point at which the family pays more than the minimum $45.

4. Net Family Income. The net family income (see Day Care 2C, Net Family Income, p. 94) located on the fee schedule determines the amount the particular family pays.

B. SPECIAL SITUATIONS

1. Terminations Without Notice or Insufficient Notice

Where a child of a subsidized family terminates with no notice or insufficient notice, the subsidy program will pay the subsidy portion of the day care fee as follows:

- if no notice is given, a maximum of 10 subsidy days from the last date the child attended the facility, or to the date the space is filled, whichever is the shorter period.
- if less than 10 subsidy days notice is given, the remaining days up to a total 10 subsidy days from date of notice, or to the date the space is filled, whichever is the shorter period.

Where the family applies for subsidized day care at another facility and day care is required for the same period covered by the subsidy program as a result of termination from the previous facility, the family is responsible for the total cost of day care during this period. In these instances, the days the child did not attend the previous facility because of the termination are not to be considered as absent days and are not to be debited against the 21 day absenteeism allotment.

The following formula shall be used to calculate the operator's entitlement in cases of termination without notice or insufficient notice:

$$\frac{\text{monthly subsidy portion}}{\text{number of subsidy days in month}} \times \begin{array}{l}\text{10 subsidy days or less if space is}\\ \text{filled sooner or some notice was given}\end{array}$$

Where more than one month is involved, for example, 10 subsidy days from April 25 to May 6, 1983, the operator will be paid the full subsidy amount for the first month and the entitlement for the second month shall be calculated on the basis of the remaining subsidy days. In the example given, this would be five subsidy days.

The date of termination to be recorded on the SSCH 210 Child Placement by the subsidy worker must be the last date the child attended the facility, regardless of whether the parent gave 10 subsidy days notice of termination. Subsidy workers are required to confirm with the operator and the parent if possible, whether 10 subsidy days notice was given and to record a note to this effect in Section V of the SSCH 210. This will assist Revenue Administration in adjudicating claims for no notice or insufficient notice. Where a day care operator claims for a termination without notice or inadequate notice, and this claim appears inconsistent with information recorded by the subsidy worker on the SSCH 210, Revenue Administration may refer the matter to the appropriate casework supervisor or district manager for assistance in sorting out the operator's entitlement to claim for up to 10 subsidy days.

For families assessed as ineligible for subsidy based on an annual review or parent-initiated review, who remove their child from care without notice or insufficient notice, the subsidy program will not pay for any subsidy days beyond the termination date at month end as recorded on the SSCH 210 Child Placement. The family who is no longer eligible for subsidy is a full fee-paying family. The subsidy program is not responsible for the notice given by full fee-paying parents who remove their children from care.

2. Parent Portion of Day Care Fee When Children Change Facilities During the Same Month

The parent portion is to be paid to the first day care facility unless the child changing facilities is not the youngest child, in which case the parent portion is to be applied to the youngest child.

The subsidy program will cover the fee in the second facility, pro-rated for the part-month of service. The total subsidy payable for the month, considering all day care facilities utilized by the family for the child, shall not exceed the subsidy ceiling less the parent portion. The parent is not expected to pay the parent portion to more than one facility in the same month. The only exception to this is where the change of facility involves a new district office and the parent does not inform the day care subsidy worker of the previously subsidized day care placement for the same month.

Where the parent portion was paid to the first facility and it exceeds the total fee for the number of days in care at the first facility, the parent may obtain a rebate from the first operator. The rebated amount is to be applied by the parent to the fee in the second facility as it represents the balance of the parent portion for the month. The parent will also be responsible for any surcharge exceeding the maximum subsidy ceiling.

3. Social Allowance Recipients

Where a family currently in receipt of social allowance benefits has met the eligibility criteria for day care subsidy, only the minimum fee of $45 is assessed as the parent's portion. In these cases, where the social allowance program will, on the basis of the Reason for Requiring Day Care, pay the parent's portion, the $45 is to be shown on the Data Decision Sheet. An amount greater than the $45 minimum parent portion is not to be shown on the DDS. The social allowance program will not pay for any day care fees in excess of the $240 maximum for day care. This is appealable through the social allowance program.

The social allowance program will cover only one minimum parent fee not exceeding $45. A social allowance recipient who has only school age children subsidized by a municipality will have the parent fee, not exceeding $45, covered by the social allowance program. Where a social allowance recipient has a pre-schooler in the provincial subsidy program, and a school age child in a municipal subsidy program, only the provincial subsidy program's $45 minimum parent fee will be covered.

4. Complaints from Day Care Users and Operators

Where day care users or operators are dissatisfied or express concern about such matters as:

- the amount of subsidy received
- special needs to allow participation in the subsidy program
- special expenses
- absenteeism
- date of commencement of subsidy

they may be referred to the casework supervisor or district manager. Appropriate documentation is to be retained on the district office file. If the complaint is not resolved, the matter shall be referred to the area manager. The minimum fee payable by the parent and the maximum subsidy level must not be altered.

NOTE: Any concerns about a licensed day care facility, including a licensed family day home, shall be referred to the area or regional licensing unit. Concerns about any satellite family day home should be referred to the appropriate Day Care Coordinator, Day Care Program.

5. Fraud

Where there is evidence that a person may be fraudulently in receipt of day care subsidy benefits, the subsidy worker, in consultation with the casework supervisor or district manager, is to send a memorandum to the supervisor of Investigations, Management Audit for further action, including possible prosecution if warranted. A copy of the memorandum is also to be forwarded to the area manager for information purposes.

Persons found to have provided false or misleading information in order to qualify for and/or obtain day care subsidy benefits shall have their benefits cancelled or suspended.

6. Fees Not Covered by the Day Care Subsidy Program

Registration and administration fees and deposits will not be paid by the Day Care Subsidy Program.

DAY CARE SUBSIDY 4: DOCUMENTATION AND RECORDING

A. GENERAL INFORMATION

Standard

The day care subsidy worker in the district office area where the child attends the day care service is responsible for taking the subsidy application.

Where applicants have difficulty in coming to the district office, consideration should be given to completing documentation in the applicant's home. Where an applicant has requested that an interview with the subsidy worker take place in the day care facility rather than in the district office or the applicant's home, the subsidy worker should ensure that the interview situation in the facility is appropriate for client privacy and confidentiality.

All forms are to be completed by the day care subsidy worker with the parent or guardian. When an appointment is made for an interview to complete the subsidy application, the parent or guardian should be advised of his responsibility to provide the following documentation, as applicable:

- verification of income and allowable deductions. This may include pay stubs, a statement from an employer, or income tax records for the self-employed.
- cancelled cheques for child support or alimony.
- receipts for other special expenses.
- written recommendation from a medical doctor, psychiatrist, psychologist, or social worker to verify special needs for day care.

Day care subsidy workers are encouraged to contact day care operators by phone to provide verbal confirmation of a family's status in the subsidy program pending the operator's receipt of the appropriate documentation (SSCH 210 Child Placement). This verbal confirmation may include:

- commencement of subsidy.
- change in subsidy amount/parent portion.
- termination.

Where a case is under review, the day care subsidy worker shall inform the operator that a decision regarding the family's eligibility for subsidy has not been made. Operators may be expected to require the parents or guardian to pay the full day care fee until confirmation of eligibility for subsidy is received.

Where subsidy is approved for a specified period of time, for example 1 month, to allow a parent to actively seek employment, the day care subsidy worker shall advise the operator accordingly.

Subsidy workers should encourage day care operators to notify the subsidy worker immediately when a child terminates care or is absent for several days without an explanation. Where an operator indicates a child is absent for several days for no apparent reason, the subsidy worker shall contact the parent to review the child's need for a day care service and the enrollment commitment.

Standard

Backdating subsidy to before the first of the current month requires the approval of the casework supervisor or district manager. Backdating may be considered where there is evidence that the applicant previously contacted a subsidy worker to complete a subsidy application, but circumstances such as illness of the applicant, or holidays, resulted in the application not being taken or completed. An applicant's not having previously known about the subsidy program is insufficient reason to consider backdating a subsidy application.

When backdating of subsidy is approved, the subsidy worker shall advise the operator of the requirement to report retroactively to the date of commencement of subsidy, all the child's absences from day care. The operator must submit this absence information when the Child Placement SSCH 210 indicating commencement of subsidy is forwarded to Revenue Administration with the subsidy claim. The operator should also submit any documentation explaining the child's absences, as provided by the parent or guardian.

B. FORMS REQUIRED

(See Part XIII Forms.)

Standard

The forms to be completed are SSCH 209 Family Application Form, SSCH 210 a Child Placement Form for each child in day care, and SSCH 211 Allowable Deduction and Special Expenses Form. These forms are to be checked at district office for accuracy and completeness before being dispersed. In all instances where the subsidy worker requires the approval of the casework supervisor or district manager in order to provide subsidy benefits, or the approval of the area manager for an exceptional consideration, subsidy documents must not be dispersed until this approval is obtained.

C. ANNUAL REVIEW

A complete review of eligibility is ordinarily to be made at the end of a 12 month period from the date of commencement of subsidy for a family. This requires a complete set of change documents: SSCH 209 Family Application, SSCH 210 Child Placement and SSCH 211 Allowable Deductions and Special Expenses.

The annual review may be completed up to three months prior to, or up to three months after the actual annual review date recorded in Section VI of the SSCH 209 Family Application. If, for any reason, consideration should be given to backdating changes resulting from an annual review, the subsidy worker must obtain the approval of the casework supervisor or district manager. Backdating will not be considered where the annual review is completed in accordance with the review date shown on the family application.

In instances where the annual is completed after the annual review date, some families may request the annual be backdated to the annual review date, because the 21 day absenteeism allotment for the subsidy year has been depleted. The subsidy worker is expected to determine whether this would be in the best interests of the family. This may be determined by comparing the additional amount the parent is required to pay for non-exempted absent days, with any increase to the parent fee that may accompany the annual review for as many months as are involved in a potential backdate situation. This information must be included when a request for backdating of an annual review is referred for consideration of the casework supervisor or district manager.

Standard

Where a family has been provided a day care subsidy for reasons such as to allow a parent to actively seek employment or to meet the special needs of a child, the family's eligibility must be reviewed within the time periods specified in policy. A complete set of change documents must be completed. (See Day Care Subsidy 2: Eligibility, A. Reason for Requiring Day Care, p. 93.)

Where day care is provided for reason of seeking employment, and employment is found and eligibility re-established, a new subsidy year commences.

Where, at time of application or annual review of subsidy, the client provides the day care subsidy worker with information indicating that the family's need for day care or financial circumstances may change significantly in a period less than a full subsidy year, the review date on the SSCH 209 Family Application shall reflect this information. The family's eligibility is to be reviewed in accordance with the review date shown on the SSCH 209.

NOTE: Parents or guardians are not required to report changes in family income within the twelve month period following the date of commencement of subsidy. Parents or guardians may initiate a review of circumstances for reasons such as reduced family income or an increase in the number of dependent children.

Where there are changes in the parent fee or subsidy amount associated with an annual review or parent initiated review, these changes are ordinarily to be effective the first of the month following the month of the review. Termination of subsidy for children from families who are assessed as ineligible is ordinarily to be effective the last day of the month in which the review is completed. However, where an annual review is completed after the fifteenth of the current month and income information indicates the family may be ineligible for subsidy, or may expect a substantial increase to the parent fee, the subsidy worker shall notify the parent of this decision in the first week of the following month. In these cases, change of subsidy shall be effective the first day of the month following the month in which the parent is notified. Termination of subsidy shall be effective the last day of the month in which the parent is notified. This procedure is intended to give the parent more time to plan or adjust to the change or termination of subsidy.

Where an annual review completed after the fifteenth of the current month indicates that the family is no longer eligible for subsidy, because of a change in family income or other circumstances which occurred more than two months prior to the annual, the termination of subsidy shall be effective at the end of the current month.

Where a family assessed as ineligible for subsidy on the basis of an annual review removes a child from care with no notice or inadequate notice, the subsidy program will not pay for any subsidy days beyond the termination date at month end as recorded on the SSCH 210 Child Placement.

D. FAMILY NUMBERS

A block of family numbers are allocated to each district office delivering the program. These are 5 digit numbers preceded by the letter "D" and are distinct from file numbers used in other social service programs. In Edmonton and Calgary, where specialized units deliver the program, the block of numbers is assigned only to these units.

A number from the block of family numbers is to be assigned to each family that makes application for the day care subsidy. The family number is to be used on all forms completed for the family.

E. FILE TRANSFERS

There is no requirement for inter-office transfers. Where a district office, into whose area a family has moved, wishes to access information from an existing day care subsidy file in another district office, this information may be requested by telex.

F. FILE REVIEWS

Standard

10% of all files must be reviewed by either the casework supervisor or the district manager.

G. INFORMATION SYSTEM

The Day Care Subsidy Authorization Report is used as the primary information document for data required to validate eligibility and the subsidy amount payable on subsidy claims. The Family Application SSCH 209 and Child Placement SSCH 210 provide input for the computer.

Warnings and fatals are corrected by the district offices.

H. FORMS TO BE COMPLETED FOR NEW, CHANGE AND TERMINATE TRANSACTIONS

Transactions	SSCH 209 Family Application	SSCH 210 Child Placement	SSCH 211 Allowable Deductions and Special Expenses
New			
Includes a family who moves out of the district office area or out of the boundaries of Edmonton or Calgary and applies for day care subsidy in the new area.	All sections	All sections (one form each child)	All sections

DAY CARE SUBSIDY 4: DOCUMENTATION AND RECORDING

Transactions	SSCH 209 Family Application	SSCH 210 Child Placement	SSCH 211 Allowable Deductions and Special Expenses
Note: A new family number is assigned. The application will start a new subsidy year for purposes of the 21 day absenteeism allotment. The review date will ordinarily be 12 months from the date of commencement of subsidy.			
Family re-applies where more than two months have passed since the last child was terminated.	All sections	All sections (one form for each child returning to subsidized day care).	All sections
Note: A new family number is assigned and a new subsidy year commences.			
Change			
Change of address within boundaries of Edmonton or Calgary, but no change in day care facility.	Section I - identifier Section II - parent or guardian Section IX - subsidy worker's signature and date	No change	No change
Note: The subsidy year is not affected by a change of address within the same district office area.			
Change of day care facility within same district office area or within boundaries of Edmonton or Calgary.	No change unless family moves within same area. If family moves, see instructions for change of address.	All sections for placement in new facility (one form for each child changing day care facility).	No change
Note: The subsidy year remains the same.			
Family reapplies within two months since the last child was terminated.	Not required unless new district office area involved.	All sections (one form for each child returning to subsidized day care).	No change unless new district office area involved.

DAY CARE SUBSIDY 4: DOCUMENTATION AND RECORDING

Transactions	SSCH 209 Family Application	SSCH 210 Child Placement	SSCH 211 Allowable Deductions and Special Expenses
Note: Where there is no change in the district office involved, the subsidy year is carried forward from the previous placement.			
Change from part-time to full-time care, or vice versa, within the same day care facility.	No change	All sections (one form for each child changing type of care).	No change
Change in day care rates by a day care facility which affects the parent or subsidy portion of the day care fee.	No change	All sections (one form for each child affected by the change).	No change
Note: The day care subsidy worker or parent or guardian may initiate the change. The rate change is to be confirmed with the operator. The subsidy year and the 21 day absenteeism allotment are not affected by a rate change.			
Change of day care centre's licence number because of ownership or location.	No change	All sections (one form for each child affected by the change).	No change
Note: The subsidy year remains the same.			
Change of reason for requiring day care from seeking employment to employed.	All sections	All sections (one form for each child)	All sections
Note: A new subsidy year commences.			
Termination of social allowance status for subsidy client.	All sections	All sections (one form for each child)	All sections

DAY CARE SUBSIDY 4: DOCUMENTATION AND RECORDING

Transactions	SSCH 209 Family Application	SSCH 210 Child Placement	SSCH 211 Allowable Deductions and Special Expenses
Note: A new subsidy year commences.			
Termination of semester for student parent.	All sections	All sections (one form for each child)	All sections
Note: Eligibility of student parent shall be reviewed only where the student is not continuing in classes the following month. Where eligibility is reviewed, a new subsidy year commences.			
Annual review	All sections	All sections (one form for each child).	All sections
Parent or guardian initiated review for reason of reduced family income.	All sections	All sections (one form for each child)	All sections
Note: A new subsidy year commences.			
Parent or guardian initiated review for reason of change in family size.	Section I - identifier Section II - parent or guardian Section III - number of dependants Section IX - subsidy worker's signature and date	All sections	No change
Note: The subsidy year remains the same. Where a one parent family becomes a two parent family or a two parent family becomes a one parent family, all sections of the family application must be completed. A new subsidy year commences.			

DAY CARE SUBSIDY 4: DOCUMENTATION AND RECORDING

Transactions	SSCH 209 Family Application	SSCH 210 Child Placement	SSCH 211 Allowable Deductions and Special Expenses
Terminate			
Where eligibility for the subsidy or "family need" for subsidized day care no longer exists; or when the family moves out of the district office area or out of Edmonton or Calgary.	Do not submit a termination. The family application will automatically terminate by the computer system three months after the last child placement has been terminated.	All child placements must be terminated. Section I - identifier and show "T" in update code. Section II - child. Section III - name of day care facility. Section V - termination date. Section VI - subsidy worker's signature and date.	No change
Where a child transfers from one day care facility to another and when the family remains in the same district office area or within the boundaries of Edmonton or Calgary.	No change	Sections I, II, IIId, V and VI reflecting termination in previous facility.	No change

Note: For family units with multiple child placements, where termination occurs with at least one child remaining in subsidized day care:

- If the child removed from day care is the eldest child or any child for whom the full cost of care is subsidized, completion of the child placement form showing termination of subsidy is the only requirement.
- If the child removed from day care is any child whose child placement form shows a parent's portion of the monthly fee, the requirement is for:
  - Completion of a Child Placement form showing termination of subsidy; and
  - Completion of a Child Placement form for the next oldest child remaining in day care, with the subsidy authorization section updated to reflect a change in the subsidy calculation. The subsidy authorization section of other older children may need revision depending on the amount of the parent's portion of the fee.

DAY CARE SUBSIDY 5: PROCEDURES

A. DEVELOPMENT OF ADMINISTRATIVE MATERIALS

1. District office day care subsidy worker is responsible for assigning family day home approval numbers to new satellite family day home projects.

2. District offices are responsible for maintaining a list of approval numbers for satellite family day home projects in their municipality.

Standards

3. District offices are responsible for compiling and maintaining lists of licensed and approved facilities eligible to participate in subsidy program. This information is available from the area of regional licensing unit (for licensed day care facilities) and day care branch (for approved satellite family day homes).

4. Revenue Administration must be notified of operators who are new participants in the subsidy program and when a day care facility no longer services subsidized children or ceases to operate.

5. As new district offices come on stream, a block of family numbers will need to be assigned for purposes of subsidy program delivery, even if there is no subsidized day care in the area.

B. SUBSIDY ADVANCE ADMINISTRATION

1. Sending Advance Application to Operators When Requested

   a. Subsidy advance must be requested by the day care operator to the subsidy worker in order to initiate the advance application process. Advance application (two copies - one to be retained by the operator) can only be sent after the subsidy worker confirms with the area or regional licensing unit or day care branch that the day care facility is eligible to participate in the subsidy program. Pertinent details including name of operator, address of facility, license or approval number and effective date, and licensed capacity should be obtained as this information is required for the advance application.

Standards

   b. Licensed day care centres that operate satellite family day home projects and wish to apply for a subsidy advance must take separate applications if an advance is requested for both the centre and the satellite project. The Project Coordinator is responsible for making application for the subsidy advance for the satellite project.

   c. Subsidy worker or district office assessor must confirm the number of subsidized pre-school age children for whom applications have been completed and approved, and the monthly subsidy portion of the day care fee for each child. This is the basis for determining the amount of advance entitlement.

   d. Subsidy worker is required to complete the top portion of the advance application, beginning with "name of day care facility" to the "amount of subsidy advance".

2. Determining Advance Funds Entitlement

   a. Subsidy worker or district office assessor calculates total monthly subsidy amount for approved applications for subsidized pre-school age children placed in a day care facility. Multiply by 2 as maximum subsidy advance is equivalent to a 2 month subsidy claim. Round total to nearest $10.

Standards

   b. For new day care facility not filled to capacity the number of subsidized children may increase after advance is issued. Where it occurs the operator can make a written request to the subsidy worker for consideration of additional subsidy advance funds. In these situations, the subsidy worker or district office assessor, in consultation with Revenue Administration, is expected to verify the total number of subsidized children and the amount of subsidy being paid on the last subsidy claim. Calculate total advance funds for 2 month entitlement and subtract total advance already issued. Round off the balance to the nearest $10. This amount must be shown on a new subsidy advance application which must be completed in full and signed by the operator requesting the additional subsidy advance. The following information must appear on the application:

Subsidy advance held $(dollars)

Additional advance entitlement $(dollars)

Total advance repayable $(dollars)

c. All subsidy advance applications and supporting calculations must be reviewed for completeness and accuracy by the casework supervisor or district manager before being sent to the day care operator for signature.

d. Where an operator has concerns about the amount of subsidy advance entitlement, whether a first time advance or an additional advance, if not resolvable by the subsidy worker, this is to be referred to the casework supervisor or district manager for review and a decision.

e. Subsidy workers, casework supervisors, district managers and area managers must be knowledgeable of the policy provisions under which day care subsidy advances are made available. These include the following:

(i) is a debt to the province of Alberta;

(ii) must be used only for the provision of day care services to subsidized children;

(iii) not transferable;

(iv) each March, Revenue Administration will ask operators to confirm the total amount of subsidy advance held;

(v) operator responsible for replenishing the advance by submitting monthly subsidy claims;

(vi) repayment of total advance in one lump sum when no longer participating in the subsidy program;

(vii) operator must notify subsidy worker immediately when ceases to service subsidized children or no longer provides a day care service;

(viii) twice yearly adjustments and requirement to repay excess advance by no less than 50% of monthly subsidy claims;

(ix) Province of Alberta can make other adjustments to advance with at least one month written notice to operator of any adjustment.

3. Authorizing Advance Entitlement

a. The completed subsidy application signed by the operator, plus supporting calculations are to be forwarded to the area manager for authorization. After signing by the area manager, the application and calculations may then be sent to Revenue Administration for payment processing.

b. Where Revenue Administration expresses concern about a subsidy advance entitlement or the calculation, this is to be directed to the area manager who authorized the advance application, for review and a decision.

4. Subsidy Advance Recovery

a. The amount of the two month subsidy advance is reviewed twice yearly by Revenue Administration. The total amount of subsidy advance is compared with a two month equivalent of the highest subsidy claim in the last 3 months prior to review. Where the amount of subsidy advance funds held exceeds this two month entitlement, the operator is required to repay the excess when advised in writing by Revenue Administration. Repayment can be in one lump sum or by monthly deductions of no less than 50% of monthly subsidy claims until the full amount of excess advance is repaid. Where this recovery arrangement is unacceptable to the operator, terms for repayment may be negotiated with Revenue Administration.

b. Where a day care operator ceases to operate the day care service or ceases to provide care for subsidized children, the operator is expected to notify the subsidy worker accordingly. The area or regional licensing unit may also provide information about the closure of the day care facility. In all these situations full repayment of the subsidy advance is required, preferably in one lump sum. Revenue Administration is responsible for notifying the operator of the full amount of advance funds repayable. Any outstanding subsidy claim may be credited to the advance recovery amount and if the operator is unable to repay the balance in one lump sum, terms for repayment may be negotiated with Revenue Administration.

Where the operator defaults on repayment of all or a portion of the total subsidy advance, the matter will be referred by Revenue Administration to Crown Debts Collection, Treasury. In the event that recovery action is still unsuccessful, the debt may be written off to the day care subsidy program budget.

C. CALCULATION OF PARENT'S PORTION AND DAY CARE SUBSIDY AMOUNT

(See Part XII Rate Schedules and Codes.)

Example (1) General Case

Situation: Family of 1 parent and 1 child

The child is in full-time attendance in a day care centre, full fee is $225 per month.

Standards

Net income of family is $1,150 a month.

Method:
- Use the section in the fee schedule for a 1 adult and 1 child.
- Locate the net income interval containing $1,150.
- The parent's portion is $50.

Full Fee:	$225
Parent's Portion:	$ 50
Subsidy Amount:	$175

The amount the parent pays the day care centre is $50 a month. Using the Day Care Subsidy Claim Form, the day care centre bills the Department for $175. Payment is made directly to the day care centre by Revenue Administration.

Example (2) Parent Portion Exceeds Fee for Youngest Child

Situation: Family - 1 parent and 2 dependent children. Youngest child is in an approved family day home, full-time; fee is $225. Other child attends a day care centre, full-time; fee is $230.

Net income of family is $1,590 a month.

Method:
- Use the section in the fee schedule for 1 adult and 2 children.
- Locate parent's fee as per schedule - $248.

NOTE: Where there is more than one child in day care, apply the parent's portion to the youngest child. Where the parent's portion exceeds the full fee for the youngest child, apply the balance to the next youngest child, and so on.

Full Fee:	$225 (youngest child)	$230 (other child)
Parent's Portion:	$225	$ 23
Subsidy Amount:	Nil	$207

Example (3) Part-Time Fee/Surcharge

Situation: One parent family with two dependent children. Youngest child is in an approved family day home, part-time (14 full days a month); fee is $140. Fee for full-time care is $210. Other child is in day care, part-time (14 full days a month); fee is $180. Fee for full-time care is $295.

Net income of family is $1,475 a month.

Method:

- Use the section in the fee schedule for 1 adult and 2 children.
- Locate parent's fee as per schedule - $145.

Part-Time Fee:	$140 (youngest child)	$180 (other child)
Parent's Portion:	$140	$ 5 ($145 as per schedule minus $140 for first child)
Parent Surcharge:	Nil ($\frac{14 \times 210}{21}$ = $140)	$ 20 ($\frac{14 \times 240}{21}$ = $160 Parent pays the difference between $180 and $160

NOTE: See Day Care 2D, Attendance, 1, p. 97. Full-time or part-time.

Total Parent Portion:	$140 (youngest child)	$ 25 (other child)
Subsidy Amount:	Nil	$155

Example (4) Surcharge

Situation: Two parent family with 2 dependent children. Youngest child is in an approved family day home, full-time with full fee of $200. Other child is in a day care centre, full-time, with full fee of $275.

Net family income is $1,475.

NOTE: The fee for the second child exceeds the maximum subsidy ceiling of $240 for full-time care. The parent is responsible for this $35.

Method:

- Locate parent's fee as per schedule - $ 60.

Full Fee:	$200 (youngest child)	$275 (other child)
Parent's Portion:	$ 60	$ 35 (surcharge)
Subsidy:	$140	$240

Example (5) Ineligible

Situation: Two parent family with 3 dependent children.

Net family income is $2,300.

	Full Fee
Youngest child (family day home)	$240
Second child (day care centre)	220
Third child (day care centre)	200
	$660

Method:

- Locate the parent's fee from schedule - $686.

This amount exceed the full fee total of $660 so the family is not eligible for the subsidy program.

Example (6) Part-Month Calculation - Commencement and Termination

Situation: One parent family with one dependent child. Child is in day care centre, full-time; fee is $240 a month. Child commences care November 3, 1983.

Net income of family is $1,255 a month.

Method:

- Use the section in the fee schedule for 1 adult and 1 child.
- Locate parent's fee as per schedule - $ 85.

Full Fee:	$240
Parent's Portion:	$ 85
Subsidy Amount:	$155

NOTE: The day care operator is entitled to part-month fee for November, 1983 based on commencement of care on November 3. A total of 20 days service would be provided out of 22 possible subsidy days in September (includes statutory holidays). The following formula shall be used to calculate part-month fees:

$$\frac{\text{number of days in care for month}}{\text{number of subsidy days in month}} \times \text{full monthly fee}$$

Both the parent portion and subsidy amount shall be pro-rated for part-month fee calculations using the above formula. Under no circumstances shall the minimum family payment be less than $45 a month. The $45 minimum fee must not be pro-rated. (See Day Care 3, c, 2 for policy regarding parent portion where children change facilities within the same month).

Where the full monthly fee exceeds the $240 subsidy ceiling for day care or $120 subsidy ceiling for after-school care, the subsidy amount shall be pro-rated using the appropriate ceiling. The surcharge or difference between the full monthly fee and the $240 or $120 subsidy ceiling shall be pro-rated and added to the parent's fee portion.

The part-month fee calculation procedures shall also apply to cases where a child(ren) is terminated before month end.

Example (7) Transfer to Another Facility Within the Same Month

Situation: One parent family with one dependent child. Child attends day care centre full-time; fee is $275 a month.

Child terminates from centre on May 4, 1983. Proper 2 weeks notice was given. Child commences full-time day care at another facility on May 5, 1983. Fee is $240 a month.

Net family income is $1,175.

Method:

- Use the section in the fee schedule for 1 adult and 1 child.
- Locate parent's fee as per schedule - $ 59.

Part-Month Fee: (First Facility)	$\frac{3}{22} \times \$275 = \$37.50$
Parent Portion:	$\frac{3}{22} \times \$ 59 = \$ 8.05$
Parent Surcharge:	$\frac{3}{22} \times \$ 35 = \$ 4.77$

NOTE: Since the parent portion including surcharge (total $12.82) is less than the $45 minimum parent fee, the parent is required to pay the $45 minimum payment.

Subsidy Amount: Nil

Part-Month Fee: (Second Facility) $\frac{19}{22} \times \$240 = \$207.27$

Parent Portion: $59 - $45 paid to first facility = $14.00

NOTE: The parent may be expected to obtain a rebate of $7.50 from the operator of the first facility since the minimum $45 payment exceeded the part-month fee. This rebate is to be applied to the parent portion in the second facility.

The parent is required to pay no more than the total parent portion once per month.

Subsidy Amount: $207.27 - $14.00 = $193.27

PART VI - WIDOWS' PENSION

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PART VI WIDOWS' PENSION

A. PURPOSE OF THE ALBERTA WIDOWS' PENSION PROGRAM

The Alberta Widows' Pension Program is a program specifically designed to assist widows and widowers with limited or no income who are aged 55 or over but under age 65. This Program provides financial, housing and health care benefits similar to those received by Alberta Senior Citizens.

B. LEGISLATION

The legislative authority for the Widows' Pension Program is the Widows' Pension Act.

Staff involved in the delivery of the Widows' Pension Program must be familiar with the terms of the legislation since requirements set out in the Widows' Pension Act must be adhered to.

C. REGULATIONS

Section 10 of the Widows' Pension Act allows for regulations to be set by Order-in-Council.

Standard Limits specified in the Widows' Pension Regulations must be complied with.

D. RESPONSIBILITIES OF APPLICANTS OR RECIPIENTS

Applicants for the Widows' Pension are required to verify their status by supplying certified copies of birth certificate, marriage certificate and spouses' death certificate. A complete copy of the income tax return along with the applicable schedules or documentation showing net income is required to verify income. Proof of non-sponsored immigrant status must be provided (where applicable).

Recipients of the Widows' Pension are required to report any change in their marital status, address, or absence from the Province exceeding six months. In the case of the latter, pensioners must report their absence prior to leaving the province.

E. ELIGIBILITY CRITERIA

1. Marital Status

Standard Widows and widowers from a legal marriage.

2. Age

Standard Widows and widowers age 55 to 65 (including the month of their 65th birthday).

Standards

3. Residence

a. Widows and widowers must be residing in Alberta, and be a Canadian Citizen or a permanent resident within the meaning of the terms in the Immigration Act, 1976 (Canada) other than a person whose application for landing has been sponsored.

b. Applicants must not be residing in one of the following designated institutions:

- a correctional institution, penitentiary or prison
- Gunn Welfare Centre
- Youngstown Home
- Rosehaven
- Claresholm Care Centre
- Raymond Home
- Michener Centre
- Baker Centre

c. Recipients on vacation outside of Alberta and who have a permanent residence in Alberta, may continue to receive the Widows' Pension financial benefits for up to six months if their intent is to return to Alberta. The Department will not mail cheques to an address outside of Alberta.

Standards

4. Income

a. Eligibility will be based on the annual net income of the applicant for the previous calendar year.

b. Calculation of income will be treated as follows in determining eligibility and benefit level:

(i) The following incomes will not be considered as income for the purposes of the Widows' Pension Program:

Property education tax reduction, a homeowner refund or a senior citizens renter assistance grant
Home improvement grant
Renter assistance credit
Death benefit from Canada Pension Plan or Quebec Pension Plan
Canadian Home Insulation Program
Family Allowance
Child Tax Credit
Home heating grant under the Utilities and Telephone grants
Social allowance
Foster care maintenance payments
Income received on behalf of a dependant
Assured Income for the Severely Handicapped
Alberta Widows' Pension
Life insurance lump sum payment
Alberta Heritage Mortgage Interest Reduction Program

Persons with the above types of income will receive a maximum benefit of $604 a month (May'83) or $7,248 annually.

(ii) 100% of the following incomes are deducted from the Widows' Pension:

Government Transfer payments from:

The Canada Pension Plan or Quebec pension Plan (Retirement Benefit)
Workers Compensation
Canada Pension Plan Survivors Benefits or Quebec Pension Plan Survivors Benefits
War Veterans Allowance
Unemployment Insurance
Survivors Benefits from a spouse's pension plan
Private disability insurance
An Extended Spouse's Allowance under the Old Age Security Act

Persons with the above incomes will have this income supplemented by partial financial benefits until their total income reaches $7,248. annually.

(iii) a. 75% of net earnings or self-employment income is deducted.

b. 75% of income from the following sources is deducted:

Investments
Dividends
Private pension plans
Annuities
Life insurance

(iv) Any other source not specified in these subsections is deducted.

Persons with the above incomes will have this income supplemented by partial financial benefits until their total income reaches $9,664 annually.

5. Re-application

Recipients must reapply annually before March 31 to continue eligibility. Re-application forms will be sent to recipients at the end of December or early January.

F. BENEFITS

1. Financial

a. Effective May 1, 1983, the maximum benefit of $604 per month may be provided, less any unexempted income.

Standards

b. Benefits commence the month following receipt of an application and all required supporting documentation.

c. Benefits will be paid near the end of the month for that month.

2. Medical

Persons who qualify for the program, may also receive the following medical benefits:

a. Alberta Health Care Insurance coverage.

b. Alberta Blue Cross coverage, which provides for ambulance, private or semi-private hospital accommodations and 80% of the cost of prescription drugs.

c. Extended Health Benefits which covers part of the cost of optical, dental, hearing and other medical needs.

NOTE: This coverage is also provided to dependants and persons residing with the recipient as defined in the Alberta Health Care Insurance Act.

3. Other

Persons who qualify for the program, may also be eligibile for other benefits such as:

a. The Property Tax Rebate or Renters' Assistance.

b. The Senior Citizens Home Improvement Grant for homeowners.

c. The Senior Citizens Home Heating Protection Program benefit.

G. DOCUMENTS REQUIRED FOR APPLICATION

1. SSCH 883 Alberta Widows' Pension application. Application forms are available at Treasury Branches and Provincial Buildings throughout Alberta, or from:

Alberta Widows' Pension Program
Social Services and Community Health
Seventh Street Plaza
10030 - 107 Street
Edmonton, Alberta
T5J 3E4

2. Certified copies of:

Standards

a. applicant's birth certificate.

b. marriage certificate.

c. death certificate of spouse.

NOTE: For annual re-application, these documents are not required.

3. Complete copy of the Income Tax return along with the applicable schedules for the last year or documentation showing net income for the previous year.

4. Proof of non-sponsored immigrant status (if applicable).

H. VOLUNTARY NEEDS AND ASSET TESTING

Under the Canada Assistance Plan, the federal government may cost-share benefits provided under provincial programs meeting the specifications for needs and assets testing prescribed under the Social Development Act.

The portion of the Widows' Pension benefits eligible for cost-sharing will be calculated by the computer. Federal income tax legislation requires that any benefit issued that is not eligible for cost-sharing may be taxable. If required by Taxation Canada, and if there is a taxable portion, a T4A Supplemental will be generated by the computer to recipients indicating the pension benefits that are taxable.

It is therefore advantageous to both the recipient and the department to identify shelter needs (including utilities) and assets on the application, to minimize the amount of the recipient's taxable income and maximize the province's cost-sharing potential. Applicants are under no obligation to provide this information, since it does not affect the level of the Widows' Pension benefit.

I. APPOINTMENT OF TRUSTEE

In cases where the applicant is unable to look after his own affairs, a trustee may be appointed. If trusteeship is being established, the "statement of trustee" portion of the application form is completed.

The trustee is expected to keep reasonable records of the amount of Widows' Pension received on behalf of the recipient and how they are expended. The cheques are made out in the trustee's name and endorsed by the trustee. In all other cases, the recipient must endorse the cheque.

J. TRANSFERS FROM OTHER PROGRAMS

Persons currently in receipt of benefits under other programs may receive higher benefits under the Alberta Widows' Program. These persons should be encouraged to apply.

Examples.

1. A widow receiving $550 social allowance could benefit by moving off social allowance and receiving full benefits of $604 a month or $7,248 a year under the new program.
2. Currently, a widow may receive a maximum federal Extended Spouses' Allowance benefit of $450 and a maximum AAIP benefit of $95, for a total of $545.

NOTE: A person cannot be in receipt of AISH or AAIP and Widows' Pension at the same time.

K. CHEQUES LOST, STOLEN OR NOT RECEIVED

Standard

If a cheque is lost, stolen, or not received, a replacement cheque will not be issued through the Widows' Pension Program until a stop payment has been confirmed by the Widows' Pension Unit.

L. RE-ISSUE OF A WIDOWS' PENSION CHEQUES TO THE ESTATE OF A DECEASED RECIPIENT

When a recipient is deceased and has not cashed the Widows' Pension cheque(s) for previous months or the month in which death occurred, the cheque(s) may be re-issued to the deceased person's estate.

To re-issue a Widows' Pension benefit to an estate, cheque(s) must be returned to the Widows' Pension Unit. Instructions must be given providing the name and address where the cheque should be mailed once the change in payee has been made.

M. OVERPAYMENTS

Standards

1. Overpayments incurred in the Widows' Pension will be recovered at the rate of 10% of the monthly amount of the pension.
2. If a person, who receives a Widows' Pension, is under an obligation under

a. the Senior Citizens Benefits Act to repay all or part of a benefit

b. the Social Development Act to repay all or part of a Social Allowance

c. the Assured Income for the Severely Handicapped Act to repay all or part of a handicap benefit

in an amount not exceeding $1,000, a deduction from further Widows' Pension payments equal to 10% of the monthly amount of the Widows' Pension until the full amount is repaid but in no case may the monthly amount of the pension be reduced to less than $10. (See Part VIII Recoveries 3, p. 147.)

N. CHANGES

Changes in income, marital status or address are to be recorded on SSCH 1080 Change Form.

O. APPEALS

If an applicant wishes to appeal the decision of the Department, she may do so by contacting the Program Manager of the Widows' Pension Unit in writing.

PART VII - GENERAL PROCEDURES

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PART VII GENERAL PROCEDURES

INTRODUCTION

The purpose of this section is to describe the procedures used by district offices with respect to the collection of data and overall control of the system. It sets out rules, methods, and areas of responsibility for all personnel involved in the administration of the Income Security programs. Each district office is therefore responsible for establishing internal controls to ensure the Income Security programs are administered according to policy.

A. OBTAINING A FILE NUMBER AND REGISTERING ON CLIENT INDEX

Standard

All applicants must be registered with client index. To obtain a file number and register an applicant on Client Index, the social worker or the person given the responsibility shall immediately contact Client Index at 427-3333 and provide the following information.

Standards

1. Applicant's
   - name
   - birthdate
   - sex
   - Social Insurance Number (if available)
   - AHCIC Number (if available)
2. Dependent Spouse's
   - name
   - birthdate
   - sex
   - Social Insurance Number (if available)
   - AHCIC Number (if available)
3. Known aliases for both.
4. Program Type and whether a DDS will be submitted.
5. Application date.
6. District Office unit, if applicable, and caseload number.

The operator will advise the caller of any existing file number and the last district office that had record of the client.

If there is no previous contact the operator will register the information and provide the caller with a new file number.

When processing an initial DDS on a new or reopen file, contact Client Index and register a contact involvement by providing the following information:

- file number
- applicant's name
- birthdate
- sex
- program type
- application date
- district office unit and caseload

B. OBTAINING FILE NUMBER FOR GUARDIAN SOCIAL ALLOWANCE (PROGRAM TYPE 4)

To obtain a file number for a Guardian Social Allowance case, contact Client Index and provide the following information:

Standards

Child's - name
- birthdate
- sex
- AHCIC number (if known)

Guardian's - name
- birthdate (if known)
- sex

Parent's - name
- birthdate (if known)
- sex

Whenever a change in guardian occurs, contact Client Index and register the new guardian.

C. DISTRICT OFFICE CHEQUE

1. Use of District Office Cheque

It should be recognized that there are cases where a social worker must make a decision regarding the ability of a client to handle cash.

Wherever possible, clients should still be put on automatic pay assistance as soon as possible. District office cheque issue is not a replacement for either automatic pay or authorization, but is a complement to the previous forms of assistance to allow more flexibility to the social worker in assisting his/her clients.

2. Obtaining Cheque Request Forms

Requisition for cheque forms are obtained through Income Security Accounts on request. District offices will be required to estimate carefully the number of forms required per month. It is to the benefit of the district office to maintain as small a stock of cheque requisitions as possible due to "safe-keeping" and control requirements. A reasonable number can be defined as one (1) package of 300 cheques (minimum amount of forms dispatched by central office) above the regular monthly requirements depending on the district office usage. Cheque supplies will be obtained by memorandum or telephone request to Income Security Accounts. While the Accounts Branch will action requests for cheques at any time during the month, it would be appreciated if these requests were made around the middle of the month.

3. Obtaining File Numbers

Standard

When a requisition for cheque has been checked by the clerk typist, and there is no file number for the applicant (i.e. a new client to the district office), the clerk typist or that person given the responsibility, shall immediately contact Client Index.

4. Filling Out Cheque Request Forms

a. By the social worker.

Standard

Once a need for a district office issue has been established by the social worker, and all documents (i.e. application form and DDS) have been completed, a requisition for cheque form is obtained and completed. At all times a DDS must be on the computer master file before the cheque can be processed. Completion of the needs and income section of the requisition for cheque is mandatory.

Standard

If it is necessary to issue a second cheque in the same month because of a change in circumstances, the complete needs and income section of the cheque requisition must be completed.

Standard

When the payee is the trustee or guardian, the applicant's name appears at the top of the requisition, and must match the name typed on the line above the name of the bank on the cheque.

In all cases, it is important that (except in the comments and signature sections) data be clearly printed in block letters such that all copies are legible. Clear printing will eliminate the need for accounts to contact a district office to clarify the data on the document.

b. By the clerk typist.

Once the form has been completed by the social worker, it is passed on to the cheque typist within the unit. This person will check the form for proper completion and will then TYPE the name and numerical amount of the cheque on the cheque itself from the information on the requisition. The amount of the cheque is then written in the appropriate place with the aid of a cheque writer. Should a cheque writer break down, the cheques will be typed. See Part XIII Forms.

c. Signing authorities.

Standard In order for a district office cheque to be legally completed, two approved signatures are required on each cheque.

After all parts of the requisition for cheque and the cheque have been completed, the cheque typist will pass the cheque to the first signing authority.

Standard (i) First signing authority, usually the head clerk, will ensure that the cheque has been properly completed then sign the cheque.

Standard (ii) Second signing authority, the district manager, casework supervisor, or social worker, will ensure that all necessary signatures are on the requisition and that the cheque requisition is complete, accurate, and in accordance with policy. He will then sign the cheque.

Standard (iii) In instances where authority to provide special benefits or special level of services is delegated to the district manager, assistant district manager or casework supervisor, the person authorizing the benefit must include his/her signature on all copies of the district office cheque.

d. Delegation of district Office signing authorities.

Standards To control the number of persons having signing authority in all district offices across the province and to meet prevailing audit requirements, district offices and regions are grouped into six classes ((i) to (vi) below) and signing authorities are not to exceed the maximum number established for the various position classifications as outlined below:

(i) District Manager S02

1 - for district manager
1 - for assistant district manager
1 - for office manager
1 - for each casework supervisor position for those units which issue social allowance
1 - for each head clerk in those units which issue social allowance

Social workers and cash clerks will not have signing authority.

(ii) District Manager S01C - With Casework Units

1 - for district manager
1 - for office manager
1 - for each casework supervisor position for those units which issue social allowance
1 - for each head clerk in those units which issue social allowance

Social workers and cash clerks will not have signing authority.

(iii) District Manager S01B - With Assistant District Manager

- 1 - for district manager
- 1 - for assistant district manager
- 2 - for social workers
- 1 - for clerk typist III
- 1 - for clerk typist I-II

(iv) District Manager S01B - No Assistant District Manager

- 1 - for district manager
- 1 - for senior clerical (clerk III)
- 1 - for back-up clerical
- 1 - for each social worker, up to a maximum of five social worker positions

(v) District Welfare Administrator I and II

- 1 - for district manager
- 1 - for senior clerical (I-II level)
- 1 - for back-up clerical
- 1 - for each social worker position

(vi) Area Managers and Regional Directors

- 1 - for regional director
- 1 - for area manager

5. Return of Cheque Request Forms to Central Office

Standard Once a requisition for cheque has been completed, it is important that no more than one working day elapse before the income security accounts copy is sent to central office in care of Income Security Accounts, except where RDE procedures apply. The original shall be sent to central office filing by regular mail.

6. Control Procedures

a. Central location of cheque forms.

Standard To ensure the safekeeping of cheques and to maintain adequate controls, all cheques will be kept at a secure location in the district office, and the responsibility of maintaining cheques localized to a single person.

b. Accounting for every cheque at the end of each day.

Standard To prevent loss and minimize occurrence of fraud, the person responsible for handling the requisition for cheque forms must be able to account for all cheques at the end of each day. A record must be maintained of cheques in stock and cheques issued. At no time should any staff retain possession of a cheque at the end of the day. Cheques are only to be issued from the district office, and NOT in the field.

c. Distribution of cheque forms to social workers.

Standard At no time shall more than five (5) cheques be in the possession of a social worker. If a requisition for cheque is being filled out by a social worker, he must return all forms to the issuing officer by the end of the day or before obtaining more forms.

d. Batching of cheques at district offices (except where RDE procedures apply).

Standard

At the end of each day, or prior to the last mail delivery, all income security accounts copies of requisition for cheque forms that have been issued for that day, and have file numbers, must be sent to central office. These requisition for cheque documents will be collected into groups of no more than 25, each cheque will be numbered as to its sequence within the group, and a covering batched documents transmittal form shall be filled out. There need not be 25 documents assembled before they are sent to central office; there may be as few as one. It is important that the sequence of the forms be in order of assigned sequence numbers, both physically and on the covering transmittal form. This provides a means of recovering the forms if lost.

All central office filing copies of the requisition for cheque are to be sent as regular mail to central office and are not to be batched.

e. Auditing of system.

Audits of the district office issue system will be conducted at irregular intervals. These audits will take place within the district office. As there will be no prior notice given, all records and systems should be kept accurate and up to date. The audit will deal mainly with reviewing records and procedures to ensure compliance with the appropriate sections of the income security programs manual. In addition, the auditors will assist in dealing with related administrative problems.

7. Special Circumstances

a. Lost cheques.

(i) At the district office or in transit.

Standard

Where SSCH 17 Requisition for Cheque (DOC) have been misplaced or lost at the district office or in transit to the district office, Income Security Accounts, Central Office must be notified immediately. After central office has verified that the forms were sent, the district manager shall issue a Statutory Declaration and submit it to central office as soon as possible. In cases where a large number of cheques have been lost in the mail and recovery is not successful, the same process as with an individual cheque must be followed. Where the number of cheques lost is considerable, a replacement issue of cheques will be forwarded to the district office. In all cases, the circumstances of the loss shall be communicated to Income Security Accounts, by a follow-up memorandum.

(ii) By a client (Program Types 1, 4, 9).

A district office cheque mailed to a recipient is considered late if it has not been received by the first of the benefit month. The recipient is to be advised that no action will be initiated for replacement of a late district office cheque until after the last mail delivery on the first working day of the month.

Where a recipient reports the loss, theft, or non-receipt of a district office cheque, the following procedures are to be followed (except where RDE procedures apply):

Standards

- the number and amount of the cheque is to be obtained from local records.
- social workers are to advise recipients of the serious nature of a false declaration or of cashing a cheque on which a declaration has been made (on conviction a maximum of ten years in penitentiary).
- the recipient completes a Statutory Declaration and the social worker phones or sends a telex to Income Security Accounts, Central Office, to request stop payment of the cheque in question.
- the completed Statutory Declaration is forwarded to Income Security Accounts, Central Office.

NOTE: A recipient is required to report a stolen cheque to the police.

- where a recipient has no other resources, replacement assistance may be provided by SSCH 18SA, or with the approval of the District Manager, Assistant Manager or Casework Supervisor by district office cheque, within the following limits:
    - the replacement assistance may be no greater than 1/3 of monthly basic allowance. In this instance no assistance will be provided for shelter except when the recipient will be evicted or penalized. In this case, the full rent may be provided.
    - in certain circumstances, as an exceptional consideration with the approval of the district manager, the total amount of the cheque may be re-issued immediately after a stop payment has been placed.
- after 10 days from date of request of stop payment:
    - if the cheque is not received or found, the recipient may return to the district office to obtain the balance of the monthly entitlement by district office cheque. Social workers must confirm with Income Security Accounts, Central Office, to ensure that the cheque has not been cashed.
    - if the cheque is received or found, the recipient must return it to the district office. The balance of the month's entitlement is to be issued by district office cheque. The original cheque is to be cancelled (see c. cancelled cheques).

      It should be indicated on the photocopy of the original requisition sent to Central Office that a stop payment was requested on that cheque, and the date the stop payment was requested.
- If Income Security Accounts subsequently receives notice that the stop payment request is for a cheque which has already been cashed, immediate information is to be sent to the district office by telex or telephone. Income Security Accounts is to confirm this by forwarding a photocopy of the cashed cheque and a forgery package to the district office.
- If the stop payment cheque has been cashed:
    - if the client says he did not cash the cheque, a forgery declaration is to be completed and returned to Income Security Accounts immediately. Cashing agencies who are making enquiries regarding stop payment or forged endorsements are to be advised to contact Income Security Accounts.
    - if the recipient admits to cashing the cheque, this situation is to be immediately referred to the Investigation Unit for review and possible action, with a copy to Income Security Accounts, Central Office.

b. Mutilated, void or cheques in error (except where RDE procedures apply).

When a district office cheque is to be voided due to the client not claiming the cheque or due to some error on the cheque, please follow these procedures:

Standards

(i) Write "VOID" clearly on the original and all copies of the cheque and requisition for cheque form.
(ii) Cross out all amounts in the needs and income sections of the requisition.
(iii) Cross out the "name" and "period of assistance".
(iv) Replace the "Cheque Amount" with "0.00".
(v) Make certain the "File Number" field is not blank. If the file number is unknown when the cheque is voided, fill the field with "0"s or "9"s.
(vi) Make certain there is a valid date in the "Date Issued" field.
(vii) All void cheques will be batched as regular cheques except that the original and the first copy will be sent to central office.

c. Cancelled cheques (except where RDE procedures apply).

Standard

Where a cheque has been issued and it is later returned due to some type of error, the returned cheque must be marked "Cancelled". The cancelled cheque and a copy of the requisition (photostat of the district office copy of the form) are to be sent to central office under separate cover. DO NOT BATCH cancelled cheques.

In situations where the cheque is returned to the district office and the central office copies have as yet not been sent to central office, the cheque and form is to be treated as a void cheque.

In such cases a statutory declaration is not required; however, the identity of the person to whom the cheque was issued and of the person who returned the cheque must be verified in cases where the cheque is to be reissued.

d. Lost or stolen automatic pay cheques.

Standard

Where the client reports the non-receipt, loss or theft of an automatic pay cheque, the same procedures as outlined in a. (ii) above will be followed. However, when an automatic pay cheque is to be cancelled, as no copy of the requisition is available, a memo detailing the stop payment request, together with the unmarked cheque, will be sent to Income Security Accounts, Central Office.

e. Major changes in recipient's circumstances.

A social worker may find that the status of a client who is on automatic pay has changed, and there is insufficient time to submit a revised DDS to change the next automatic pay cheque. In order to prevent an overpayment, the district office must request that:

Standards

1. the monthly automatic pay cheque be held, and
2. that the automatic pay cheque be refunded, and
3. that the district office be provided with verification that the cheque was held, and/or refunded.

District offices must not issue a district office cheque until this verification has been provided by telex (where available) or phone from the cheque information unit.

f. Recovery amounts.

Where a recovery amount has been determined or is outstanding, recovery may be shown on the requisition for cheque in the field headed overpayment - coded as code 98 and repayment - coded as 99. If more than one cheque is to be issued for the same period of assistance, only one requisition for cheque needs to show a recovery amount. The recovery amount shown on the requisition for cheque will be used as an indication of amounts deducted from district office issue.

Standard

Where the total amount of a previous damage deposit is being recovered from the district office cheque the recovery amount must be shown on the requisition for cheque and coded 99.

g. Issuing cheque in the field.

Standard

A district office cheque issue cannot be made from the field. If the social worker, while in the field, determines that a person is eligible for assistance by district office cheque, the requisition for cheque and the cheque are to be completed upon returning to the office. The cheque is then mailed to the client and such assistance would take a few days before reaching the client. At no time are cheques to be completed outside of the district office.

h. Guardian social allowance.

Standard

For guardian social allowance cases, a separate cheque must be completed for each child receiving assistance. In no case should two or more children on guardian social allowance be grouped onto one district office cheque.

i. Multiple cheque issue.

Standard

The maximum amount of assistance per cheque must not exceed $1,500. If needs exceed $1,500, multiple cheques may be issued. For each cheque, needs less income must net to the cheque amount.

8. Pre-assignment of District Office Cheques

Where there is a high volume of client contacts at or around the month end, the district manager may approve the completion of requisition for cheque forms and cheques as early as the 15th of the month preceding the month for which the assistance is to apply. In these situations, the following steps must be adhered to:

Standards

a. The date of cheque must be post-dated to no earlier than two banking days before the month end preceding the month for which the cheque is to apply.

b. The cheque may only be released on the date on which the cheque first becomes valid. Example: If the cheque is dated the 28th of September, 1983, it may not be released to the client until the 28th of September, 1983.

c. It will be the responsibility of the district manager to ensure that all cheques handled are properly accounted for as per the requirements set out in this section of the manual.

D. SOCIAL ALLOWANCE BY AUTOMATIC PAY (EXCEPT WHERE RDE PROCEDURES APPLY)

A recipient of social allowance may be recommended to receive benefits in the form of a monthly cheque issued through central office. Cheques are issued in advance and are intended to cover the recipient's need for the month of issue. As a general rule, it will take the month of application plus the second month to effect automatic pay. When implementing automatic pay, it may be assumed that DDSs reaching central office by the first of one month will generally be in pay by the first of the following month.

So far as is practicable, social allowance shall be issued by automatic pay. Recipients of assistance whose circumstances are initially unsettled, or who indicate an inability to properly handle cash, may not immediately be placed on automatic pay; however, for the latter group, trusteeship should be considered.

E. AUTOMATIC PAY REVISIONS, CANCELLATIONS, AND CHEQUE HOLDS (EXCEPT WHERE RDE PROCEDURES APPLY)

Standards

DDS revisions must be processed through Income Security Accounts by a certain date in each month to ensure a social allowance automatic cheque issue in the revised amount at the end of the month. The same date applies in processing social allowance cancellations to ensure the elimination of a cheque issue at the end of the same month. Information on the date established as cutoff is forwarded to the district offices.

A second cut-off date is also established as the final date for action to hold a social allowance cheque from being released to the recipient. The circumstances when a hold is to be placed are:

- decrease in benefit;
- cancellation of benefit;
- recipient deceased;
- client moving.

District office request for cheque hold may be made by telex, or by telephoning Income Security Accounts, Cheque Information no later than 3:30 p.m. on the final cut-off date. The same procedure will apply in arranging for the release of any cheque being held.

Requests for cheque holds will automatically result in the holding of cheques unless otherwise directed when the hold is placed or by follow-up instructions from district offices.

The request to hold a cheque should contain instructions for the disposition of the cheque. When these instructions cannot be given immediately, follow-up instructions must be submitted before the next month's cut-off. Failing this, the cheque is automatically refunded to the applicable appropriation. No cheques are released once the month for which they were produced has expired. The submission of a revised DDS does not constitute a follow-up instruction as the DDS does not go to the cheque information unit.

Requests for cheque holds are to be made to the cheque information unit for automatic cheque only, and can be made either by phone or telex. In making the request, the following information must be provided.

- recipient's name
- file number
- program type
- cheque to be held (automatic cheque only)
- reason for cheque hold
- name of the worker making the request, district office code, unit and caseload number

A telephone request need not be confirmed in writing.

Standards

a. Use of standard messages or cheque holds (except where RDE procedures apply).

Telexes sent to Income Security Accounts (cheque information unit) must follow the exact format below:

Telex 1: TO BE USED WHEN THE CHEQUE MUST BE HELD AND METHOD OF ASSISTANCE WILL BE CHANGED TO DISTRICT OFFICE ISSUE:

DATE:
ATTENTION: CHEQUE INFORMATION, INCOME SECURITY ACCOUNTS
RE:
FILE #:
PLS HOLD AND REFUND A/N S'ALL CHEQUE FOR THE MONTH OF

____
FILE BEING CHANGED TO D.O. ISSUE. PLEASE CONFIRM.
CHANGE DDS WILL BE SUBMITTED BY _______.

------------------------------ ---------------------------
Social Worker Contact Person

The cheque information unit will arrange for a hold and send a telex or memo confirmation to the district office. This unit will also put an automatic hold on the next month's cheque to ensure that the next month's cheque does not go to the recipient, because the change document missed the cut-off date. (Except where RDE procedures apply.) The district office must process a follow-up DDS to central office prior to next month's cut-off.

Telex 2: TO BE USED WHEN THE CHEQUE MUST BE HELD FOR CURRENT MONTH ONLY AND DISTRICT OFFICE ISSUE WILL BE ISSUED FOR THAT MONTH.

DATE:
ATTENTION: CHEQUE INFORMATION, INCOME SECURITY ACCOUNTS
RE:
FILE #:
PLS HOLD AND REFUND A/N S'ALL CHEQUE FOR THE MONTH OF ________
ISSUE FOR MONTH OF ____________ ONLY. PLS CONFIRM D.O.
REASON ____________________________________

Social Worker Contact Person

The cheque information unit will confirm the hold by telex.

Telex 3: TO BE USED WHEN CHEQUE MUST BE HELD AND NO DISTRICT OFFICE CHEQUE WILL BE MADE.

DATE:
ATTENTION: CHEQUE INFORMATION, INCOME SECURITY ACCOUNTS
RE:
FILE #:
PLS HOLD A/N S'ALL CHEQUE FOR THE MONTH OF ___________.
CONFIRMATION OF CHEQUE HOLD NOT REQUIRED AS NO D.O. ISSUE TO BE MADE AT THIS TIME. REASON: ____________________________.

Social Worker Contact Person

The cheque information unit will not confirm the action taken if the cheque is held. If the request from the district office arrives after cut-off in central office, cheque information unit will so advise the district office. If no disposal instructions have been received from district offices before the second repeat hold, the unit automatically changes the file to district office issue. (Except where RDE procedures apply.)

Telex 4: TO BE USED TO HOLD A CHEQUE FOR AN ADDRESS CHANGE.

DATE:
ATTENTION: CHEQUE INFORMATION, INCOME SECURITY ACCOUNTS
RE:
FILE #:
PLS HOLD AND RE-ADDRESS A/N S'ALL CHEQUE FOR THE MONTH OF
__________ ONLY. RE-ADDRESS TO: ________________________
POSTAL CODE: ________________
DDS REVISING ADDRESS WILL BE SUBMITTED BY ________________

Social Worker Contact Person

The cheque information unit will retype the envelope with the address provided by district office and no hold is placed on the subsequent month's cheque. Only when requests from district office arrive after the cut-off in central offce will cheque information unit advise the district office. A follow-up DDS must be submitted prior to next month's cut-off.

Income Security Accounts, Cheque Information Unit will place cheque holds on changed DDS that did not meet cut-off (or rejected). The holds will be placed on cheques of the first three runs received after the DDS cut-off run.

Cheque holds are placed on DDS which show:

1) Decrease in budget
2) Closures
3) Address changes
4) Change from payroll to non-payroll

The managers of the appropriate District Offices will be notified of the cheque holds on the 20th of the month by telex.

These cheques will be refunded if the instructions for the disposal of these holds are not received by Income Security Accounts before the end of the following month.

b. Social allowance cheques returned to central office.

All social allowance cheques which are returned through the mail to central office and which were mailed to the address as indicated on the DDS are automatically held and refunded. If no inquiry or instructions are received by the end of the month for which the cheque was produced, it is automatically refunded in the same manner as cheque holds. District offices are notified when this happens. If the regions receive any payroll cheque they should forward these to central office for distribution of funds to appropriate input codes.

F. CUT-OFF DATES (EXCEPT WHERE RDE PROCEDURES APPLY)

The cut-off date for DDSs represents the last date that a DDS can arrive in central office and be processed to implement automatic pay changes for the effective automatic pay date.

The schedules will be prepared by Income Security Accounts and forwarded to the district offices.

G. LOST, MISPLACED, MUTILATED, OR IN-TRANSIT TURNAROUND DATA DECISION SHEET (EXCEPT WHERE RDE PROCEDURES APPLY)

If for some reason the current applicable turnaround DDS is not available for use at the district office, a blank DDS will be completed to effect any subsequent action on file. The essential data which must be recorded is dependent on the current status of the file and the type of action to be taken.

Standard

The following information must be completed:

a. Transaction code
b. File number
c. Name of applicant
d. Address of applicant or trustee where trustee is present
e. District office in green shaded area and in white area if different
f. Applicable date
g. Previous DDS date - this date will be the effective date of the last transaction submitted to central office.

    e.g. If the last transaction sent to central office showed a reopen date of 01 06 83, and the turnaround document is in transit and a change occurs in the meantime, then the date should be entered in the "PREVIOUS DDS DATE" field.

h. Postal code
i. Program type code of previous DDS in the green shaded area.
j. Method and amount of assistance issued on previous DDS (total amount only) in the green shaded area.
k. Any other additional data required relevant to the current action.

H. REQUESTING A TURNAROUND DATA DECISION SHEET (EXCEPT WHERE RDE PROCEDURES APPLY)

Standard

When the last turnaround document is misplaced, mutilated or lost, the district office can obtain a turnaround DDS reflecting current data on a case. The district office will complete a blank DDS reflecting the following information:

a. Transaction code (P)
b. File number and suffix (if any)
c. Previous DDS date
d. Identifying information, i.e., name and birthdate of applicant, recorded in the comments section.

I. SPECIAL ACTIONS THROUGH CENTRAL OFFICE (EXCEPT WHERE RDE PROCEDURES APPLY)

Certain actions against the computer master are available through requests made to central office.

If it is necessary to delete a case from the computer master, central office will complete a blank DDS reflecting the following information:

a. File number
b. Transaction code (D)
c. Series
d. Previous DDS date
e. Delete file date
f. Delete reason

J. ACCOUNTING

The administration of social allowance benefits requires periodic authorization. For benefits issued on a regular monthly basis, the authorization is provided through the annual review which must be completed prior to the expiry of the diary date.

For benefits administered by the district office issue, it is important to provide a written explanation for the issue so that the processing of the payment is not delayed. Income Security Accounts is responsible for ensuring that the actual payments are made.

Automatic pay cheques are mailed from Edmonton so that they are received on or about the first of each month. Recipients must understand that payments are in advance and cover expenditures to be incurred that month.

K. MEDICAL SERVICES CARD

Standard

Medical cards will be issued on a daily basis and sent with the turnaround document for all new and reopened cases which have been accepted in the system. (This procedure will be implemented at a later date.)

Medical cards are issued for full coverage of medical needs. (See Part I - Social Allowance 6, C, 27, a, b, c, pp. 40-45.) Cards with restricted coverage are not being issued.

Some clients however may only be eligible for restricted coverage. It is the caseworker's responsibility to determine which clients are to receive full coverage and which are to receive restricted coverage. If the client is eligible for restricted coverage only, the caseworker must ensure that the client receives all of his/her benefits by district office issue. If a monthly medical card is sent to the district office for a client who is to receive restricted coverage, the social worker must ensure that the card is not released. Medical services cards must not be provided to employable recipients. The medical benefits to which the client is entitled can be authorized by SSCH 18SA. If the payroll cheque (automatic pay) is held, the medical services card may be released by sending a memo or telex to cheque information revenue accounts. Separate requests must be made for each medical card. The request must contain forwarding instructions.

L. DETERMINATION OF COMMON-LAW UNIONS

Standard

When a social worker suspects or receives information that a client is living in a common-law union and the client has not revealed the common-law relationship to the social worker, the social worker must complete an investigation. Typical aspects of the investigation would include:

1. Reviewing of the client's file to obtain all relevant information.
2. Determining from the client's landlord who is paying the rent, obtain a copy of the rental agreement and cancelled cheques used to pay the rent and any other pertinent information relevant to the living situation of the client.
3. Contacting services companies that provide utilities and telephone to determine who pays the accounts.
4. Determining the registered owner of the vehicle utilized by the client.
5. Conducting other enquiries that might reveal the common-law relationships.

The social worker should interview the client and question the living and financial arrangements of the client. If the client admits the relationship and financial support from the common-law spouse, the file should be closed and Form SSCH 37 Request for Special Investigation is to be completed. If the client denies financial support and the social worker has concrete information to the contrary, the file is to be closed. The recipient should be advised of the right to appeal the decision. (See Part IX Appeals.)

M. FRAUD INVESTIGATION

1. Definitions

a. Fraud.

To defraud is to deprive by deceit. Fraud is an intentional perversion of the truth, making false representation, or concealing that which should have been disclosed to obtain property, money or valuable security from the public or any other person.

Relevant sections of legislation that are applicable are:

(i) Section 338 Criminal Code of Canada
(ii) Section 12 (1), The Social Development Act.

b. Overpayment in error.

An overpayment in error occurs when the level of benefits as established through the Acts, Regulations, and policies are not accurately determined by the Department even though the client has accurately disclosed his financial circumstances and that of his dependants, his true family status and number of dependants.

The error may occur as a result of:

(i) a miscalculation by the department official
(ii) input errors to the computer sytsem
(iii) systems delays in processing information
(iv) staff delays or omissions in processing information.

2. Referrals for Investigation

Standard

a. Responsibility of District Office staff.

The social worker is responsible to ensure the client totally understands, completes and signs the application for assistance. Department errors are not considered fraud and will not be investigated by the Fraud Investigation Unit. When the social worker has reason to believe that the client has committed fraud, the social worker will complete form SSCH 37 (Request for Special Investigation). The worker's unit supervisor will review form SSCH 37 and forward it with a brief summary of the circumstances to the Fraud Investigation Unit within the region of the client's residence. If the social worker suspects that the client may leave the area, the unit supervisor will contact the Fraud Investigation Unit by telephone and follow this up with the necessary documentation. If the client has moved from Alberta, the material will be supplied to the Fraud Investigations Unit in the region where the client last received assistance in Alberta.

The District Office file will be made available for review by the Investigator, however, the social worker will retain responsibility for client services throughout the investigation and court action.

It is critical that documentation support client's awareness that it was his/her responsibility to report all income, assets, accurate status, and any changes if prosecution is warranted and is to be successful.

b. Responsibility of fraud investigators.

When the Fraud Investigation Unit receives information indicating fraud from a source other than on Form SSCH 37 submitted by the District Office, the Investigation Unit will inform the District Office of the information obtained. Where it is evident that fraud may have occurred, the Fraud Investigation Unit will commence an investigation without the necessity of submission of Form SSCH 37.

The Fraud Investigation Unit and the Crown Prosecutor will determine whether prosecution procedures will be entered. The social worker will be prepared to attend court and provide documents as directed by the Crown Prosecutor, i.e original application for assistance. No attempt is to be made to recover the overpayment during the investigation or pending court action.

Where police involvement may be required, as a result of a fraud, the Fraud Investigation Unit shall make the necessary contact with the police department.

N. FEDERAL OLD AGE SECURITY PENSION

To prevent overpayments and to ensure that recipients obtain the benefits available to them, the following procedures are required:

PART VII GENERAL PROCEDURES

Standard 1. District offices will order from the Federal Old Age Security Pension Office, Manulife House, 10055 - 106 Street, Edmonton, Alberta T5J 2Y2 a supply of the Old Age Security (OAS) Kits. These kits are to be sent to the SALL and AISH recipients six months prior to their 65th birthday in order that the recipient can apply for their Old Age Security Pension Benefits.

2. To readily identify SALL and AISH recipients who are turning age 65 in six months, a monthly computer printout will be sent to the district office. The printout will include:

- recipient's name and birthdate
- spouse's name and birthdate (if applicable)
- file number
- program type
- date of arrival in Canada
- unit and caseload

Standard 3. The district office will ensure that each SALL or AISH recipient identified on the printout is mailed an OAS Kit along with a covering letter. The application for the Old Age Security Pension must contain the recipient's file number.

Standard 4. Once the OAS Kit is mailed to the recipient, the social worker will complete the top portion of an SSCH 157 (Old Age Security Information Card), stamp the reverse side of the SSCH 157 with the district office stamp and forward the card to:

Federal Old Age Security Pension Office
Manulife House
10055 - 106 Street
Edmonton, Alberta
T5J 2Y2

The Federal Old Age Security Pension Office will return the completed SSCH 157 indicating when the recipient is eligible to receive the Old Age Security Pension plus the date of the first OAS cheque.

Standard 5. If the SSCH 157 is not returned within 6 weeks prior to the recipient's 65th birthday, a written follow-up is to be forwarded to the Federal Old Age Security Pension Office. The information entered by the district office is:

- name
- address
- birthdate
- file number
- Social Insurance Number

The Federal Government will complete the lower portion and return it to the district office. The Federal Government has indicated that it will not accept telephone calls to provide this type of information.

Standard 6. Once confirmation of the OAS benefit is received from the Old Age Security Pension Office, the AISH benefit is terminated on the eligible date of OAS benefits whereas the Social Allowance benefit is terminated or varied depending on the recipients needs. If the recipient has not applied for OAS benefits to which he is entitled, the social worker should follow up and determine the reason the application was not submitted and take appropriate action.

7. Another monthly printout will be sent to the district office identifying SALL and AISH recipients immediately prior to their 65th birthday.

PART VIII - RECOVERIES

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PART VIII RECOVERIES

RECOVERIES 1: SOCIAL ALLOWANCE

A. TYPES OF RECOVERIES

Social allowance issued to a recipient may be recovered as an overpayment or as a repayment.

1. Overpayments

Part 3, Section 32(d)(i) of The Maintenance and Recovery Act defines an "overpayment" as follows:

"Overpayment means an amount by which, as determined by the authority giving the social allowance or handicap benefit, the social allowance or handicap benefit received by a person under The Social Development Act exceeds the amount of the social allowance or handicap benefit he was actually entitled to receive."

2. Repayments

Part 3, Section 50 (1) and (2) of the Maintenance and Recovery Act defines a "repayment" as follows:

"(1) A person who applies for or is receiving a social allowance under the Social Development Act may be required by the Minister to enter into an agreement with the Director to repay the Government the total value or any portion thereof of the social allowance provided for that person and that person's dependants.

(2) The provisions of this Part apply to an agreement made under subsection (1) as if the amount due under the agreement were an overpayment."

A repayment should be taken when benefits are knowingly issued as a duplicate issue, when social allowance is issued on the condition of re-imbursement to the department, or when the department is making collections on default judgements.

Repayment Agreement, SSCH 117 is completed only when required in social allowance procedures or as directed by the district manager.

B. OVERPAYMENTS

The method used in the recovery of Overpayments is as follows:

Standards

1. Overpayment by Error

(See Recoveries, 5, Procedures.)

a. Calculate the amount of the overpayment and record as a receivable.

b. Commence deductions when client is on social allowance at full amount of personal allowance.

c. Take a Refund Agreement, SSCH 153 (see Part XIII Forms, p. 234), if the amount is greater than $250.

d. If a recipient refuses to sign an agreement social allowance benefits will be suspended until an agreement is signed. The client is to be advised of his right to appeal this decision.

e. Collection activity will continue by the Department until the debt is satisfied or until social allowance is terminated. Collection activity, after social allowance termination, will be the responsibility of Crown Debt Collections (CDC).

f. If the social allowance file is reopened after a transfer to Crown Debt Collections, deductions will recommence, as in 1. b. above, on the outstanding amount.

g. A higher rate of recovery than the personal allowance amount may be negotiated while a client is on social allowance when it is possible and desirable to do so.

h. In the instances where the budget deficit is less than the minimum rate of recovery, the rate of recovery is an amount that will provide the recipient $1.00 in assistance.

Standards

2. Suspected Fraud

(See Part VII General Procedures M, 1, a, p. 137.)

a. Calculate the amount of the debt and record as a receivable.

b. No deductions are to be made when a client is on social allowance to avoid jeopardizing the Department's legal case against the client.

c. Prosecute all cases over $250 vigorously.

d. If the evidence for prosecution is insufficient and the client continues on social allowance, a caveat will be placed against his home if possible and the debt will be treated as in 1. a. through 1. h. above.

Standards

3. Duplicate Assistance

When a client requests duplicate assistance for a month because the initial benefit was lost, mislaid or never received:

a. The recipient shall be obliged to sign a Statutory Declaration declaring that his initial benefit was lost, mislaid or stolen.

b. If it is discovered, subsequently that the recipient did receive a duplicate issue, the director shall proceed as follows.

c. Calculate the amount of the overpayment and record as a receivable.

d. Take a refund agreement if the amount is over $250.

e. Commence deductions when the client is on social allowance of an amount of no less than 10% of the value of basic necessities until the full amount is repaid. Basic necessities for this purpose shall include food, clothing, shelter, heat, light and water.

f. If a client refuses to sign a refund agreement social allowance benefits will be suspended until an agreement is signed. The client is to be advised of his right to appeal this decision.

g. Collection activity will continue by the Department until the debt is satisfied or until social allowance is terminated. Collection activity, after social allowance terminates, will be the responsibility of Crown Debt Collections (CDC).

4. Common-Law Unions

When a social allowance recipient is living in a common-law marriage the full resources of the recipient's partner are considered in determining the recipient's eligibility for social allowance and amount of social allowance required to meet basic necessities.

When determining whether an overpayment has been incurred because of an unreported common-law union, it should not be assumed that all of the social allowance issued in the past is an overpayment. If, for example, a man is living with a woman who is receiving social allowance, but there is no undertaking on his part to financially maintain the woman and dependants, it is not appropriate to assess an overpayment by charging the recipient with income which was not received. On the other hand, if there is an admission on the part of either party that funds were received by the recipient or provided for the support of the recipient and dependants, and these funds have not been accounted for in social allowance issued, the assessment of an overpayment is appropriate. If there is sufficient evidence to indicate the relationship is a common-law union, the full income and resources of both shall be considered in determining eligibility for social allowance.

Standards

C. REPAYMENTS

The method used in the recovery of Repayments is the same as for Overpayments in B. above with the following differences:

1. Repayment Agreement, SSCH 117 (See Part XIII Forms, p. 232), is completed when required in social allowance procedures. In other situations a repayment agreement is completed only when directed by the district office manager.
2. A Repayment Agreement, SSCH 117, shall be taken at the time the assistance is provided.
3. Damage deposits, utility deposits, utility arrears and miscellaneous circumstances are subject to repayment.

PART VIII RECOVERIES

RECOVERIES 2: ASSURED INCOME FOR THE SEVERELY HANDICAPPED (AISH)

A. DEFINITION OF OVERPAYMENT

Part 3, Section 32 (d) ii of The Maintenance and Recovery Act defines an "overpayment" as follows:

- an amount by which, as determined by the authority giving the handicap benefit, the handicap benefit received by a person under The Assured Income for the Severely Handicapped Act exceeds the amount of the handicap benefit he was actually entitled to receive.

Standards

B. STANDARDS IN AISH RECOVERIES

1. Calculate the amount of the overpayment and record as a receivable.

2. Commence deductions when recipient is in receipt of AISH benefits.

3. The minimum rate of recovery, whether there are one or more recoveries, is determined as follows:

   a. for Program Type 9 Straight, 10% of the AISH maximum.

   b. for Program Type 9 Modified, 10% of the total of continuous needs.

   c. if the person's rate of recovery exceeds the amount of benefit, the rate will be revised to an amount that will provide the recipient with a $1.00 benefit.

   It is acceptable for the recipient to make a cash refund in any amount if he wishes but if the overpayment is not repaid in full, deduction shall be initiated at the rate of recovery indicated above.

   Where an overpayment exceeds $500 the rate of recovery may be set at an amount greater than those specified above, if the recipient is in agreement to pay the increased amount.

4. Overpayments and repayments under $500 previously incurred under social allowance must be recovered from AISH benefits as in 3. above when there is no existing refund or repayment agreements.

   a. Where an agreement exists, recovery will continue as specified in the agreement.

   b. Where there is an existing overpayment or repayment on a social allowance file and the AISH applicant is not the head of the family, the overpayment or repayment will be transferred to the AISH file when AISH benefits are approved. Marital status (legally married or common-law union) will not be a factor in determining whether an overpayment or repayment should be transferred.

5. Collection activity will continue by the Department until the debt is satisfied or until AISH is terminated. Collection activity, after AISH benefits are terminated, will be the responsiblity of Crown Debt Collections (see Recoveries 5, Procedures).

6. If the AISH file is re-opened after a transfer to Crown Debt Collections, deductions will re-commence, as in B. 3. above, on the outstanding amount.

C. COMMON-LAW UNIONS

Standard

When an AISH recipient is living in a common-law union, the full resources of the recipient's partner are considered in determining the recipient's eligibility for an AISH benefit and amount of the AISH benefit entitlement.

When determining whether an overpayment has been incurred because of an unreported common-law union, the full income and resources of both partners shall be considered in determining eligibility and level of benefit.

D. SUSPECTED FRAUD

Standards

1. Calculate the amount of the debt and record as a receivable.

RECOVERIES 2: ASSURED INCOME FOR THE SEVERELY HANDICAPPED (AISH)

2. No deductions are made when a client is on AISH to avoid jeopardizing the Department's legal case against the client.

3. Prosecute all cases over $250 vigorously.

4. If the evidence for prosecution is insufficient and the client continues on AISH a caveat will be placed against his home if possible and the debt will be treated as if it were an overpayment by error as in procedures 1.2 through 1.7 above.

RECOVERIES 3: WIDOWS' PENSION

WIDOWS' PENSION ACT

Standard Section 6 of the Widows' Pension Act reads as follows:

"6(1) Where a person receives a widows' pension for which she is not eligible or receives an overpayment on a widows' pension, the pension or the overpayment, as the case may be, is a debt owing to the Crown and may be recovered in the same way as if it were an overpayment as defined in the Maintenance and Recovery Act, and Part 3 of that Act applies.

(2) If a person receives a widows' pension for which she is not eligible, or an overpayment on the widows' pension creating a debt under subsection (1) in the amount not exceeding $1,000, then

(a) if the person is receiving funds under the Social Development Act, section 17 of the Social Development Act applies to the repayment of the widows' pension for which the person is not eligible or the overpayment as if that pension or overpayment where a social allowance under that Act, or

(b) if the person is not receiving funds under the Social Development Act, the Minister may deduct from further widows' pension payments for which the person is otherwise eligible monthly amounts equal to 10% of the monthly amount of the pension payable under the regulations until the full amount of the pension for which the person is not eligible or the overpayment is repaid, but in no case may the monthly amount of the pension be reduced to less than $10.

(3) If a person who receives a widows' pension is under an obligation under

(a) the Senior Citizens Benefit Act to repay all or part of a benefit,

(b) the Social Development Act to repay all or part of a social allowance, or

(c) the Assured Income for the Severely Handicapped Act to repay all or part of a handicap benefit in an amount not exceeding $1,000 in the aggregate, the Minister may deduct from further widows' pension payments for which the person is otherwise eligible monthly amounts equal to 10% of the monthly amount of the widows' pension payable under regulations, until the full amount required to be repaid is repaid, but in no case may the monthly amount of the pension be reduced to less than $10."

RECOVERIES 4: REGISTRATION OF AGREEMENTS

A. REGISTERING AN AGREEMENT

An account must be in arrears before an Agreement may be registered in any Land Titles Office.

The original signed copy of the Agreement may be registered in any Land Titles Office (section 47 of The Maintenance and Recovery Act) when an account is in arrears.

The registration, so long as the Agreement remains in force, binds the estate and interests of the payer after his death, at which time pursuit of payments according to the original Agreement may be processed by the solicitor acting for the department.

NOTE: a photostat copy of an Agreement, even if notorized, is not acceptable to the Land Titles Office. The copy of the Agreement to be registered must be one with original signatures.

To register an Agreement:

Standards

1. Obtain legal description of land from client's file records, or tax assessors office. Tax assessors offices are located at the following locations:

Calgary - P.O. Box 2100
CALGARY, Alberta
T2P 2M5

Red Deer - 4914 - 48 Avenue
RED DEER, Alberta

Edmonton - City Hall
Sir Winston Churchill Square
EDMONTON, Alberta

St. Albert - City Hall
205A Carnegie Drive
ST. ALBERT, Alberta
T8N 3V1

2. When the legal description of the land is obtained, form AG 1844, Document of Registration Request, Land Titles Office, is completed and sent to the Northern Land Titles Office, Edmonton quoting account number 02309500, or the Southern Land Titles Office, Calgary, quoting account number 1049724. Addresses for the offices appear on the form.

3. The "customer copy" is retained on the district office file. The "mailing advice" copy will be returned to the district office by the Land Titles Office and is placed on the client's file. This copy will now show the instrument number (Registration Number). This number appears on the title to the land in the Land Titles Office and must be used on subsequent communication with the Land Titles Office.

B. DISCHARGING THE REGISTRATION OF AN AGREEMENT

When the client is no longer in arrears on the Agreement, the registration must be discharged immediately. This usually occurs when the client pays the arrears directly to the Department. The amount outstanding on the Agreement is obtained from the computer printout SDRV 2000-08 which is received by each district office monthly. This report may include outstanding recoveries other than arrears on the agreement. The arrears on the agreement may be confirmed by Revenue Administration. To discharge a registration, the following procedures apply:

Standards

1. The Certificate of the Director of Maintenance and Recovery, form SSCH 763 is completed in duplicate and is signed by the district manager. The Affidavit of Execution on the reverse of the Certificate must be completed.

2. When the funds are received, the original of the Certificate of the Director of Maintenance and Recovery is then mailed to the appropriate Land Titles Office along with a completed AG 1844 requesting that the registration of the Agreement be discharged.

RECOVERIES 4: REGISTRATION OF AGREEMENTS

3. If the client's lawyer contacts the district office requesting that the registration be lifted on the understanding that the amount outstanding on the Agreement will be paid from the proceeds of the sale of property, or will be forwarded to the Department as soon as possible, the Agreement may be discharged "In Trust". The completed Certificate of the Director of Maintenance and Recovery is sent to the lawyer with a covering letter explaining that the Certificate is being forwarded to him "In Trust" upon condition that immediately on use he will forward the sum owing to the Department. Usually a 30 day limit is specified and the lawyer is instructed to make the cheque payable to the Provincial Treasurer and forward it to the district office. The cheque is then entered on the cash transmittal sheet and is forwarded to Revenue Administration.

4. If the client's lawyer forwards a cheque for the amount owing, the completed Certificate of the Director of Maintenance and Recovery is sent to the client's lawyer who then may use it to discharge the Registration at his convenience.

5. When the Agreement has been paid in full and the Registration has been discharged, the recovery aspect of the client's file may be closed.

RECOVERIES 5: PROCEDURES

A. DETERMINATION OF OVERPAYMENT

Standards

When there is reason to suspect an irregularity which indicates the possible existence of an overpayment, the matter shall be fully explored. At the conclusion of the review, a detailed report is completed outlining the following:

1. The manner in which the overpayment occurred.

2. Evidence of undisclosed assets or income.

   Evidence must be based on fact, not suspicion or hearsay.

   a. The report should identify each asset and the corresponding cash or market value. Assets realized by the recipient subsequent to date of application for social allowance must be documented in terms of description, source and date received.

   b. The report should establish the source, date and amount of income received. Information on earnings from employment, for example, should include:

      - date employment commenced
      - date on which each pay was received
      - gross amount of each pay
      - itemized payroll deductions
      - net pay after deductions

   Earned income should be verified by use of Statement of Net Earnings, SSCH 114B or other appropriate documentation. Other income regardless of source should also be confirmed with documentation whenever possible.

3. The value of any gift or financial contribution, or other assets which have a bearing on the recipient's eligibility for social allowance.

   If actual value is not available, the mutually agreed upon estimated value of the asset based on the value of a comparative item is acceptable.

4. The financial rehabilitative and social aspects of the case.

   Comments on the general circumstances of the family, the recipient's state of health, employability, attitude with regard to the irregularity and cooperation received during the review process. The report should also present details on the manner in which the unreported earnings or other income was used by the recipient. Details should include item, date and cost of purchase or expense.

   The social worker's report is reviewed by the casework supervisor or district manager to determine the action necessary. If fraud is indicated, the matter is handled in accordance with instructions under fraud in Part VII General Procedures, M, p. 137.

B. COMPUTATION OF OVERPAYMENT

Standard

If the possibility of an overpayment exists, the Record of Recovery Sheet is used to compute the actual amount of overpayment. Depending on factors contributing to the overpayment, the computation may entail either calculation of total amount and benefits issued, or a month-by-month calculation of the amount by which total income exceeded the amount of the actual entitlement.

RECOVERIES 5: PROCEDURES

The overpayment computation is made in accordance with the following procedure:

Standards

1. Social Allowance

a. Overpayment resulting from undeclared assets.

Social allowance recipients in possession of any undeclared assets, other than assets exempted under provisions of The Social Development Act, are automatically disqualified from eligibility for social allowance. Accordingly, the social allowance issued to persons possessing such assets is considered an overpayment.

The amount of overpayment is the total amount of social allowance issued during the period in which the recipient was in possession of the asset. The total amount of overpayment will not exceed the difference between the value of the asset and the exemption allowed under existing regulations.

b. Overpayment resulting from undeclared income.

To determine the overpayment incurred as a result of undeclared income, the computation entails a month-by-month calculation of the difference between:

(i) total income from all sources including social allowance, and

(ii) amount required for basic necessities including the benefits which would have been provided as continuous needs had the fact of additional income been known.

c. Social Allowance Record of Recovery Sheet SSCH 502.

(See Part XIII Forms.)

When the overpayment is the amount of the total social allowance issued during the period in which the recipient was in possession of excess assets, the calculation is recorded in section D of the record of recovery sheet. Otherwise, the calculation for each month shows:

(i) Income required for basic needs: In this section the calculation for each month shows:

- income required for continuous needs as recorded on the DDS covering the month examined. If applicable, an adjustment is made deleting any benefit the recipient was not entitled to receive. This would apply, for example, in the case of dependants leaving home, which necessitates reducing the basic allowance effective the month following this change in circumstances,
- the total cost of non-continuous needs provided by district office issue, and
- additional needs normally provided when considering other sources of income. In the case of earnings from employment, for example, additional needs include the earnings exemption and expenses such as transportation and babysitting as authorized under existing policy.

(ii) Income received from all sources including social allowance: In this section, the calculation accounts for total social allowance issued, pension income, contributions in kind, and income from all other sources with the exception of Family Allowance payments.

Data on social allowance issued should include:

- total amount of social allowance administered monthly by automatic pay and district office issue, and
- total amount of monthly deductions recorded on the DDS in the date and reason for recovery section.

Income from employment means net income after allowing for deductions approved under existing policy. These may include deductions which are a condition of employment, or deductions over which an employer has no direct control. A voluntary wage assignment is not a valid deduction.

(iii) Offsetting Considerations: An adjustment may be made by crediting against the overpayment certain expenditures incurred by the recipient during the period of an overpayment. Credits are restricted to items which fall within the classification of approved "primary" and "special" needs under the social allowance program. Expenses for items provided as a budget requirement or supplied by district office issue will not be considered. Expenditures for exceptional needs will not be considered as a credit against the overpayment unless approved by the district manager.

Items listed as an overpayment adjustment must be authorized by the district manager. If the adjustment includes exceptional considerations, either the document approving the adjustment is to be attached, or reference is to be made identifying the person and the date on which the approval was received.

The difference between the amount reflected as an overpayment and the amount entered as an overpayment adjustment, if any, represents the net amount of overpayment subject to recovery action.

Standards

2. Assured Income for the Severely Handicapped

Information must be provided on actual amount of income from all sources, and amount of AISH benefit issued during the period in which the overpayment occurred. This information is obtained from file documents such as the turnaround DDS, cost detail report or other records maintained by Income Security Accounts.

The overpayment computation resulting from undeclared income, or incorrectly declared income, will be a computation entailing a month-by-month calculation of the difference between:

(i) total income from all sources, and

(ii) AISH benefits received through all sources.

For computing overpayments, all income received in one month will be used to determine the amount of AISH benefits for the following month.

(iii) Record of Recovery Sheet SSCH 322 must be used to record overpayments. (See Part XIII Forms, p. 246.)

C. OVERPAYMENT RECOVERY

An overpayment may be recovered by agreement, arbitrary deduction, or referral to Crown Debt Collections (CDC). Regardless of procedure, action for recovery will not be initiated until such time as the amount of overpayment is computed with the use of the Record of Recovery form, which is to be forwarded to Revenue Administration.

Recovery action is deferred where fraud is indicated and an investigation is pending or in process.

Standards

1. Social Allowance

a. Ability to pay.

Persons in receipt of social allowance are considered to have the ability to pay. The minimum rate of recovery is the full amount of the personal allowances.

Persons who do not receive social allowance are considered to have ability to repay when:

(i) cash assets equal or exceed asset exemptions under the social allowan
program, or

(ii) earned income exceeds income required for basic needs under social allowance standards.

b. Refund Agreement SSCH 153.

(See Part XIII Forms.)

A Refund Agreement is used for overpayments in excess of $250 whether or not the payor is in receipt of social allowance.

For rates of recovery see Recoveries 1, Social Allowance B, p. 142.

NOTE: An Agreement is not valid until duly signed and witnessed by the recipient and the district manager. The district manager is to assure that the Agreement has been correctly completed.

The first copy of the SSCH 502 Record of Recovery Sheet and a revised SSCH 25 Data Decision Sheet are to be attached to a copy of the completed Refund Agreement and sent to Revenue Accounts.

Standards

2. AISH

a. Ability to pay.

Persons in receipt of AISH benefits are considered to have the ability to pay. The minimum rates of recovery as outlined in Recoveries 2: AISH B, 3, 4, p. 145.

b. Refund Agreement SSCH 356.

(See Part XIII Forms.)

A Refund Agreement is used for overpayment in excess of $500 whether or not the payor is in receipt of an AISH benefit. If a recipient refuses to enter into a Refund Agreement, the overpayment shall be recovered by arbitrary deduction from further AISH benefits.

For rates of recovery see Recoveries 2, AISH, B.

The first copy of the SSCH 322 Record of Recovery Sheet and a revised SSCH 25 Data Decision Sheet are to be attached to a copy of the completed Refund Agreement, and sent to Revenue Administration.

3. Varying an Agreement

Changes can be made to a Refund or Repayment Agreement when the financial circumstances of the payer changes. The terms of periodic payments may be increased or decreased.

A second Agreement may be taken before the first Agreement is paid in full, should a further overpayment occur. In this case, the balance owing from the first Agreement is added to the balance owing from the second overpayment (as computed on SSCH 502).

In these cases, a new Agreement is drawn up, embodying the changes, and the following statement is inserted above the signature of the parties to the Agreement:

> "This Agreement varies and replaces the Agreement made by the parties
> to this Agreement on the ______ day of ________________ A.D. 19___."

The district manager or the client have the authority, under Section 43 of The Maintenance and Recovery Act, to apply for a variance to an Agreement or order through the Court of Queen's Bench.

4. Recording Agreements and Registrations

Standard

Refund Agreements, Repayment Agreements and Registrations of an Agreement at Land Titles Office must be recorded into the Recovery System.

Form SSCH 801 SDIS 2200: Recovery System Agreements & Registrations is used for this purpose. As each Agreement is signed, or Registration completed, a notation should be made immediately on the SSCH 801. A record is produced on a monthly basis of all Agreements or Registrations completed from the 11th of the month to the 10th of the following month. This monthly record is forwarded to Systems and Procedures, Central Office.

NOTE: When completing SSCH 801 use the letter "A" in the appropriate column to indicate a Refund or Repayment Agreement. Use the letter "R" to indicate a Registration. (See Part XIII Forms, p. 253.)

This information updates the report SDRV 2000-08, Monthly Report of All Recoveries with OP and RP Agreements by district office.

5. Recovery When Benefits are Terminated (SALL and AISH)

Standard

When there is an outstanding recovery and benefits are terminated, the case is to be referred to Crown Debt Collections (CDC).

Crown Debt Collections (CDC) is responsible for all outstanding Repayments (RP) and Overpayments (OP) on files closed for 90 days and over, and no payment has been received during the 90 day period when a client owes an amount in excess of $250.

Standard

When a case qualifies for collection through Crown Debt Collections (CDC), the following documentation is to be forwarded to:

Alberta Treasury
Crown Debt Collections
5th Floor, Seventh Street Plaza
10030 - 107 Street
Edmonton, Alberta
T5J 3E4

a) Refund or Repayment Agreement (if applicable)
b) Computation of OP or RP (SSCH 502/322)
c) Copy of SSCH 18SA (if applicable)
d) Copy of cheque requisition (if applicable)
e) Any investigation reports pertaining to the debt
f) Current address of client if available
g) Date of birth and Social Insurance Number

Once the necessary documentation has been submitted to Crown Debt Collections (CDC), no further steps to recover are to be undertaken at the district office level. If the client re-applies for assistance, the CDC office is to be notified immediately.

Closed files with no activity for two years or more where the outstanding balance (OP and RP) is less or equal to $250, will be submitted by Central Office to Treasury for write-off. Turnaround DDS's identifying written-off, accounts will be mailed to the district offices, for information.

6. Prosecution

Standard

A fraud conviction in relation to an overpayment does not necessarily result in a court order to refund the overpayment. After prosecution is concluded (whether or not a conviction is obtained) the regular procedures with respect to overpayment recovery will be pursued by the district office.

PART IX - APPEALS

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PART IX APPEALS

The Social Development Act and the Assured Income for the Severely Handicapped Act provide an appeal process for any person affected by a decision of the Department or municipal authority on any matter under the Acts. Subject to the Acts and Regulations, the appeal authority established by the Minister may confirm, reverse, or vary the decision as it considers proper in the circumstances.

A. APPEAL BY AN APPLICANT OR RECIPIENT

Appeals of decisions from Departmental or municipal authorities respecting the administration of social allowance may be heard by appeal committees established by the Minister under section 28 of the Act.

Section 11 of the Assured Income for the Severely Handicapped Act provides an appeal process for any person affected by a decision of the Department on any matter under the Act.

When an appellant is required to attend an appeal hearing in a different community from his residence, the department may reimburse for reasonable travel expenses. Claim is to be made through use of Travel Expense Account form AFIS 690 which is to be approved by the district manager. Persons using their own car may be permitted an allowance of 8 cents per kilometer (13 cents per mile), or the cost of public transportation. Meals and accommodation may be allowed to the maximum allowance for government employees. Receipts must be provided for meals and accommodation expenses.

The appeal procedure is the same for recipients of social allowance from the Department and social assistance from municipalities. The administrative authority for social assistance cases is the municipal authority rather than the district manager.

An applicant or recipient may appeal a decision on the grounds of:

1. refusal to grant allowance or handicap benefit,
2. cancellation of allowance or handicap benefit,
3. suspension of allowance or handicap benefit,
4. reduction of allowance or handicap benefit,
5. inadequate allowance,
6. manner of allowance (authorization and invoice, district office cheque, automatic pay), or
7. other.

The person appealing shall, in writing, show the grounds for appeal. Notice of Appeal of a Decision, form SSCH 547 and SSCH 242 are available for this purpose. The appellant will mail or deliver the appeal to either the manager of the district office or the municipal authority of the municipality that made the decision being appealed.

B. ADMINISTRATIVE REVIEW

Standard

The district manager or municipal authority receiving the appeal will, as soon as possible within a period of time not exceeding one week, undertake an administrative review of the circumstances related to the decision being appealed. The manager will identify the decision being appealed, and if the decision is on a matter which does not fall under The Social Development Act or the Assured Income for the Severely Handicapped Act, the person appealing will be advised accordingly.

If the manager is able to rule in favour of the appellant, it will not be necessary for the appellant to be interviewed. The appellant shall be advised of the manager's decision and the appropriate action will be taken.

If the manager is unable to rule in favour of the appellant on the basis of the information contained on the appeal form, and as provided by the social worker or casework supervisor, the appellant must be interviewed.

Standards

An interview for the administrative review will be conducted as follows:

1. The appellant will be given full opportunity to explain his position with respect to the decision being appealed.
2. The manager may question the appellant regarding his explanation, and will explain the position of the Department relative to the decision being appealed.
3. The appellant may question the manager regarding his explanation.
4. The manager will determine whether there has been any administrative error or omission, and will determine whether assistance has been granted in accordance with the Act, the Regulations, and the policy of the Department.
5. After reviewing all of the circumstances of the case, the manager will make any adjustments considered appropriate with respect to the decision appealed.
6. The position taken by the manager will be recorded on the Notice of Appeal of a Decision form under ADMINISTRATIVE REVIEW.

If the appellent is dissatisfied with the action taken or the decision of the manager, he may indicate his desire to appeal to an appeal committee by signing the APPEAL TO APPEAL COMMITTEE portion of the Notice of Appeal of a Decision form.

A copy of the Notice of Appeal of a Decision form containing the administrative review will be provided to the appellant, to the Appeal and Advisory Secretariat, and to the appropriate appeal committee.

C. HEARING OF AN APPEAL COMMITTEE

The appeal committee that receives the Notice of Appeal of a Decision form will inform the manager of the place, date and time set for the hearing of the appeal. The appeal committee may either notify the appellant or request the manager to do so.

Standard

The manager will ensure that the appellant's file is available at the hearing. The appeal committee will decide what documents are relevant to the appeal hearing. In all matters pertaining to appeals, the provisions of section 5.1 of the Social Development Act and Section 15 of the Assured Income for the Severely Handicapped Act respecting disclosure of information will be observed.

An appeal committee hearing will be conducted as follows:

1. The appeal committee will identify the decision being appealed.
2. The committee will examine the administrative review as recorded on the Notice of Appeal of a Decision form.
3. The person appealing will be requested to fully explain his position with respect to the decision being appealed.
4. The manager will be given an opportunity to question the person appealing regarding his explanation.
5. The manager will be requested to explain his position with respect to the decision being appealed.
6. The person appealing will be given an opportunity to question the manager regarding his explanation.
7. The manager may be called upon to identify and explain any documents that are available.
8. The appeal committee may question any person attending the hearing, or at the discretion of the appellant, may contact any individual who can assist with the appeal.
9. The appeal committee, upon reviewing the information submitted, will state its decision in the way of confirming, reversing, or varying the decision appealed.
10. The chairman of the committee will complete an Appeal Report form SSCH 547A or SSCH 242 indicating the date and place of the hearing, the name of the chairman and

members of the committee hearing the appeal, the department concerned, the decision being appealed, and the decision of the appeal committee.

11. The committee may add recommendations for the consideration of the Department as a supplement to its decision.

12. Copies of the appeal report will be provided to the appellant, the district manager, and the Appeal and Advisory Secretariat.

D. GENERAL PROCEDURES REGARDING HEARINGS BEFORE AN APPEAL COMMITTEE

1. Persons wishing to appeal have the option of refusing an administrative review and appealing directly to the appeal committee.

2. If an appeal committee feels that the decision being appealed does not affect the person appealing, is not a matter under the Act, or is frivolous or vexatious, the committee may so advise the appellant or may request further details of the decision being appealed.

3. The appeal committee may decline to hear an appeal if the appellant fails to attend the appeal hearing (and has not authorized an alternate representative), and the committee is satisfied that he was duly notified of the place, date and time of the hearing, and no reasonable explanation for the person's absence was given.

4. An appellant unable to attend a hearing may appoint a person to attend on his behalf. The appellant may also choose to bring another person to assist him.

5. Appeal committees should consider the policy of the Department in administering the Act, but may deviate from this policy where they consider it proper to do so.

6. Appeals committees are composed of a chairman and no fewer than three other members appointed by the Minister. Appeals shall not be heard by less than a chairman and two members without prior approval from the Appeal and Advisory Secretariat and the appellant.

7. Appeal committees will hear appeals no later than 15 days after receiving a Notice of Appeal of a Decision form. Where a committee is unable to complete the hearing of an appeal, the case may be adjourned for a period not exceeding 30 days.

8. Appeals shall be heard in camera, and all confidential records will be retained in locked files.

9. Upon the conclusion of an appeal hearing, the chairman and members who heard the appeal (and whose names appear on the appeal report) may claim remuneration at rates approved by the Minister.

Standard

10. The manager will act upon the decision of the appeal committee provided that it is not in conflict with The Social Development Act or the Assured Income for the Severely Handicapped Act and the Regulations made under the Acts. Appeal Committees will not rule on matters such as rates for food and clothing, income or earnings exemptions, or waiving maintenance through subrogation which are specified in the Act and Regulations. The Committee may, however, recommend changes to this legislation. Where the decision of the appeal committee appears to be in conflict as mentioned, the matter will be reported to the Appeal and Advisory Secretariat.

11. An appeal respecting a decision made by a municipal authority will follow the procedure set out herein with terms such as "manager" and "district office" being considered to apply in a like manner to municipal authorities.

12. Where the appeal is made by a person who is not the applicant or recipient of a social allowance or handicap benefit, the committee may (depending upon the nature of the appeal) notify the applicant or recipient of the nature of the appeal, his right to attend the hearing, and the date, time and place of the hearing. The appeal committee may proceed in his absence if he does not respond to the notice.

13. Where a person has applied for and been refused assistance, the district manager may provide food and, where absolutely necessary, shelter until the case has been dealt with by the appeal committee.

PART IX APPEALS

14. In centres where an appeal committee has been established, the district manager will maintain liaison with the appeal committee members serving his area to ensure the members are available to hear appeals when required.

PART X - PROGRAM MONITORING

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PART X PROGRAM MONITORING

A. DEFINITION

Systematic, planned, scrutiny of program activities and services in order to ensure that they are operating in accordance with program design, which includes standards, goals, objectives, operational projections and budget estimates.

B. PURPOSE

The purpose is to:

1. provide management with sufficient, accurate and timely information which will facilitate financial, operational and program control, and

2. provide information which will support program development, program evaluation, and strategic planning activities.

This includes information on:

- budget performance
- program compliance, and
- operational activities.

C. COMPONENTS

1. Data collection.

2. Variance analysis.

3. Identification of trends and issues.

4. Reporting.

5. Recommending.

D. ROLES/RESPONSIBILITIES

1. Co-ordinate the identification and priorization of provincial monitoring activities.

2. Co-ordinate the identification of information required to support the monitoring function.

3. Co-ordinate the development and maintenance of monitoring criteria, performance standards, models and instruments.

4. Collect summary data.

5. Conduct variance analysis.

6. Conduct trend analysis.

7. Identify program issues.

8. Conduct special reviews at the request of senior management with the approval of the program director.

9. Act as a resource to the regions in their monitoring activities.

10. Develop protocols for interfacing with provincial agencies, regions and other corporate entities relative to monitoring activities.

11. Meet with regional representatives to share and compare interpretations of established programs, to identify variance from approved program interpretation, and to identify program issues.

12. Prepare reports on monitoring and review findings, and recommend corrective action as required.

PART XI - PROGRAM EVALUATION

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PART XI PROGRAM EVALUATION

A. INTRODUCTION

Program evaluation involves the systematic gathering of verifiable information on a program and demonstrable evidence of its results and cost-effectiveness. It is oriented to provide management with timely, objective and credible information for purposes of resource allocation, program development and accountability.

While the review and evaluation of programs has always been part of managing in government, the focus has shifted, in recent years, from a predominant concern with "inputs" (i.e., the amount of money expended or the number of clients served) to " outcomes" (i.e., the net impact and effectiveness of such interventions). In the case of Income Security Programs, program evaluation is regarded as a priority, and the Branch is committed to the periodic evaluation of all its programs to determine whether they are operating in an efficient and effective manner.

B. TYPES OF EVALUATION

The evaluation activities of the Income Security Program are will consist primarily of evaluation assessment studies and formal program evaluation studies. The purpose of the evaluation assessment study will be to frame the evaluation and eliminate any existing barriers to evaluation. The formal evaluation study (which will only be undertaken after an evaluation assessment study has been completed) will attempt to measure the performance of the program, in relation to specific evaluative criteria, and provide a basis for assessing program efficiency and effectiveness.

C. EVALUATIVE PLANS

Planning is essential to the implementation and maintenance of a successful program evaluation function. It is proposed that the evaluative activities of the Income Security Programs be characterized by:

1. a Long-Term Program Evaluation Plan - which contains a comprehensive program evaluation profile (consisting of a description of the program evaluation component structure and the individual program profiles) and a program evaluation schedule (indicating when the different components are to be evaluated); and,

2. an Annual Program Evaluation Plan - which outlines the major evaluative activities to be pursued in the forthcoming year.

D. CURRENT EVALUATIVE ACTIVITIES

The major evaluative activities, for the 1983/84 fiscal year, will relate to the following tasks:

1. Developing detailed evaluative work plans as described in (C) above;

2. Performing an evaluation assessment study of all Income Security Programs;

3. Conducting formal program evaluation studies of selected Income Security Programs;

4. Determining the impact of recent social allowance policy changes;

5. Assessing the impact of current programs on selected target populations (eg. employables, single parents with dependants, etc.);

6. Participating in the program reshaping exercise of Social Services Division;

7. Consulting with the regions on program evaluation practices and priorities;

8. Coordinating the program evaluation activities and workplans of the regions;

9. Developing a set of guidelines for conducting program evaluation in the Income Security Programs area.

PART XII - RATE SCHEDULES AND CODES

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PART XII RATE SCHEDULES AND CODES

A. RATE SCHEDULES

1. BASIC ALLOWANCE SCHEDULE - MAXIMUM SOCIAL ALLOWANCE FOOD, CLOTHING, PERSONAL AND HOUSEHOLD ALLOWANCE - JULY 1, 1983

Number of Children	Ages of Children		Long Term Assistance For Unemployable Persons and Their Dependants		Short Term Assistance For Employable Persons and Their Dependants	
	0-11 years	12-17 years	One Adult $	Two Adults $	One Adult $	Two Adults $
0	0	0	190	355	147	273
1	1	0	270	426	197	320
	0	1	316	469	239	360
2	2	0	343	490	246	361
	1	1	386	531	286	399
	0	2	429	572	326	436
3	3	0	409	568	289	415
	2	1	450	609	327	453
	1	2	491	649	365	491
	0	3	532	690	403	529
4	4	0	487	645	344	470
	3	1	528	686	382	508
	2	2	569	727	420	546
	1	3	610	768	457	583
	0	4	651	809	495	621
5	5	0	564	723	399	525
	4	1	605	764	436	562
	3	2	646	805	474	600
	2	3	687	846	512	638
	1	4	728	887	550	676
	0	5	769	928	588	714
6	6	0	642	801	453	579
	5	1	683	842	491	617
	4	2	724	883	529	655
	3	3	765	924	567	693
	2	4	806	964	604	730
	1	5	847	1,005	642	768
	0	6	888	1,046	680	806
7	7	0	720	878	508	634
	6	1	761	919	546	672
	5	2	802	960	583	709
	4	3	843	1,001	621	747
	3	4	884	1,042	659	785
	2	5	925	1,083	697	823
	1	6	966	1,124	735	861
	0	7	1,006	1,165	772	898
8	8	0	798	956	562	688
	7	1	838	997	600	726
	6	2	879	1,038	638	764
	5	3	920	1,079	676	802
	4	4	961	1,120	714	840
	3	5	1,002	1,161	751	877
	2	6	1,043	1,202	789	915
	1	7	1,084	1,243	827	953
	0	8	1,125	1,284	865	991

A. RATE SCHEDULES

1. BASIC ALLOWANCE SCHEDULE (continued)

Number of Children	Ages of Children		Long Term Assistance For Unemployable Persons and Their Dependants		Short Term Assistance For Employable Persons and Their Dependants	
	0-11 years	12-17 years	One Adult $	Two Adults $	One Adult $	Two Adults $
9	9	0	875	1,034	617	743
	8	1	916	1,075	655	781
	7	2	957	1,116	693	819
	6	3	998	1,157	730	856
	5	4	1,039	1,198	768	894
	4	5	1,080	1,239	806	932
	3	6	1,121	1,279	844	970
	2	7	1,162	1,320	882	1,008
	1	8	1,203	1,361	919	1,045
	0	9	1,244	1,402	957	1,083
10	10	0	953	1,111	672	798
	9	1	994	1,152	709	835
	8	2	1,035	1,193	747	873
	7	3	1,076	1,234	785	911
	6	4	1,117	1,275	823	949
	5	5	1,158	1,316	861	987
	4	6	1,199	1,357	898	1,024
	3	7	1,240	1,398	936	1,062
	2	8	1,281	1,439	974	1,100
	1	9	1,321	1,480	1,012	1,138
	0	10	1,362	1,521	1,050	1,176

NOTES:

1. The foregoing schedule is calculated on the following:

   a. Benefits - Long term assistance - includes food, clothing, personal and household allowances
   - Short term assistance- includes food and personal allowances

   b. Allowances -

Unit	Food	Clothing
Adult person	$105	$33
Child 0-11	55	23
Child 12-17	92	26

   Personal Allowance
   $21 per adult per month
   Household Allowance
   Single Person $11 per month
   Family Unit $18 per month

   c. Food Allowance rates are adjusted to reflect increases of 20%, 10% and 5% for one, two and three person units of assistance respectively.

2. Use allowance rates noted under 1(b) if the recipient is not eligible for benefits included in the basic allowance rate.

3. The adult rate may be used in providing for the food requirement of housekeepers.

A. RATE SCHEDULES

1. BASIC ALLOWANCE SCHEDULE (continued)

4. For families of 11 or more children (a) find the appropriate rate on the schedule for 10 children and (b) add the adjustment rate for each additional child as indicated below.

	Child 0-11	Child 12-17
Long term assistance	$78	$118
Short term assistance	55	92

5. Comforts allowance for patients in Nursing Homes, Auxiliary Hospitals and Active Treatment Hospitals - $56 per adult per month.

6. Extra monthly allowances for special diets may be provided on the recommendation of a physician as follows:

High Protein	20	Restricted Sodium	12
Gluten Free	20	Pregnancy	20

Diabetic Diet Calories	Single Person	Family Unit
1500	14	14
2000	36	30
2600	66	54

7. Guardian Social Allowance Program Rates

   Food and clothing - use allowance rates for children as noted under 1(b).

8. For persons entitled to receive a laundry allowance, the following rates will apply:

   $11 per month for single person;
   $17 per month for family up to 3 persons;
   $22 for a family of four or more.

   An additional allowance of $10 per month may be added to the family unit rate where dependants include a child in diapers and/or where bedwetting is a problem.

A. RATE SCHEDULES

2. MAXIMUM SOCIAL ALLOWANCE EARNING EXEMPTION SCHEDULE - EFFECTIVE JULY 1, 1983

INCOME	EXEMPTION	INCOME	EXEMPTION	INCOME	EXEMPTION
$ 0.00 - 115.00	Total Income	$ 275.00 - 278.00	$177	$ 856.00 - 865.00	$239
116.00 - 117.00	116	279.00 - 282.00	178	866.00 - 875.00	240
118.00 - 119.00	117	283.00 - 286.00	179	876.00 - 885.00	241
120.00 - 121.00	118	287.00 - 290.00	180	886.00 - 895.00	242
122.00 - 123.00	119	291.00 - 294.00	181	896.00 - 905.00	243
124.00 - 125.00	120	295.00 - 298.00	182	906.00 - 915.00	244
126.00 - 127.00	121	299.00 - 305.00	183	916.00 - 925.00	245
128.00 - 129.00	122	306.00 - 315.00	184	926.00 - 935.00	246
130.00 - 131.00	123	316.00 - 325.00	185	936.00 - 945.00	247
132.00 - 133.00	124	326.00 - 335.00	186	946.00 - 955.00	248
134.00 - 135.00	125	336.00 - 345.00	187	956.00 - 965.00	249
136.00 - 137.00	126	346.00 - 355.00	188	966.00 - 975.00	250
138.00 - 139.00	127	356.00 - 365.00	189	976.00 - 985.00	251
140.00 - 141.00	128	366.00 - 375.00	190	986.00 - 995.00	252
142.00 - 143.00	129	376.00 - 385.00	191	996.00 - 1,005.00	253
144.00 - 145.00	130	386.00 - 395.00	192	1,006.00 - 1,015.00	254
146.00 - 147.00	131	396.00 - 405.00	193	1,016.00 - 1,025.00	255
148.00 - 149.00	132	406.00 - 415.00	194	1,026.00 - 1,035.00	256
150.00 - 151.00	133	416.00 - 425.00	195	1,036.00 - 1,045.00	257
152.00 - 153.00	134	426.00 - 435.00	196	1,046.00 - 1,055.00	258
154.00 - 155.00	135	436.00 - 445.00	197	1,056.00 - 1,065.00	259
156.00 - 157.00	136	446.00 - 455.00	198	1,066.00 - 1,075.00	260
158.00 - 159.00	137	456.00 - 465.00	199	1,076.00 - 1,085.00	261
160.00 - 161.00	138	466.00 - 475.00	200	1,086.00 - 1,095.00	262
162.00 - 163.00	139	476.00 - 485.00	201	1,096.00 - 1,105.00	263
164.00 - 165.00	140	486.00 - 495.00	202	1,106.00 - 1,115.00	264
166.00 - 167.00	141	496.00 - 505.00	203	1,116.00 - 1,125.00	265
168.00 - 169.00	142	506.00 - 515.00	204	1,126.00 - 1,135.00	266
170.00 - 171.00	143	516.00 - 525.00	205	1,136.00 - 1,145.00	267
172.00 - 173.00	144	526.00 - 535.00	206	1,146.00 - 1,155.00	268
174.00 - 175.00	145	536.00 - 545.00	207	1,156.00 - 1,165.00	269
176.00 - 177.00	146	546.00 - 555.00	208	1,166.00 - 1,175.00	270
178.00 - 179.00	147	556.00 - 565.00	209	1,176.00 - 1,185.00	271
180.00 - 181.00	148	566.00 - 575.00	210	1,186.00 - 1,195.00	272
182.00 - 183.00	149	576.00 - 585.00	211	1,196.00 - 1,205.00	273
184.00 - 185.00	150	586.00 - 595.00	212	1,206.00 - 1,215.00	274
186.00 - 187.00	151	596.00 - 605.00	213	1,216.00 - 1,225.00	275
188.00 - 189.00	152	606.00 - 615.00	214	1,226.00 - 1,235.00	276
190.00 - 191.00	153	616.00 - 625.00	215	1,236.00 - 1,245.00	277
192.00 - 193.00	154	626.00 - 635.00	216	1,246.00 - 1,255.00	278
194.00 - 195.00	155	636.00 - 645.00	217	1,256.00 - 1,265.00	279
196.00 - 197.00	156	646.00 - 655.00	218	1,266.00 - 1,275.00	280
198.00 - 199.00	157	656.00 - 665.00	219	1,276.00 - 1,285.00	281
200.00 - 202.00	158	666.00 - 675.00	220	1,286.00 - 1,295.00	282
203.00 - 206.00	159	676.00 - 685.00	221	1,296.00 - 1,305.00	283
207.00 - 210.00	160	686.00 - 695.00	222	1,306.00 - 1,315.00	284
211.00 - 214.00	161	696.00 - 705.00	223	1,316.00 - 1,325.00	285
215.00 - 218.00	162	706.00 - 715.00	224	1,326.00 - 1,335.00	286
219.00 - 222.00	163	716.00 - 725.00	225	1,336.00 - 1,345.00	287
223.00 - 226.00	164	726.00 - 735.00	226	1,346.00 - 1,355.00	288
227.00 - 230.00	165	736.00 - 745.00	227	1,356.00 - 1,365.00	289
231.00 - 234.00	166	746.00 - 755.00	228	1,366.00 - 1,375.00	290
235.00 - 238.00	167	756.00 - 765.00	229	1,376.00 - 1,385.00	291
239.00 - 242.00	168	766.00 - 775.00	230	1,386.00 - 1,395.00	292
243.00 - 246.00	169	776.00 - 785.00	231	1,396.00 - 1,405.00	293
247.00 - 250.00	170	786.00 - 795.00	232	1,406.00 - 1,415.00	294
251.00 - 254.00	171	796.00 - 805.00	233	1,416.00 - 1,425.00	295
255.00 - 258.00	172	806.00 - 815.00	234	1,426.00 - 1,435.00	296
259.00 - 262.00	173	816.00 - 825.00	235	1,436.00 - 1,445.00	297
263.00 - 266.00	174	826.00 - 835.00	236	1,446.00 - 1,455.00	298
267.00 - 270.00	175	836.00 - 845.00	237	1,456.00 - 1,465.00	299
271.00 - 274.00	176	846.00 - 855.00	238	1,466.00 - 1,475.00	300

A. RATE SCHEDULES

2. MAXIMUM SOCIAL ALLOWANCE EARNING EXEMPTION SCHEDULE (continued)

NOTES:

1. Exemption Calculation Procedure

   a. Income exemptions may only be granted on net income from employment or training allowances. Net income is that portion of income remaining after normal salary deductions other than deductions for loans, indebtedness, bond purchases, etc. The earning exemption can only be calculated on the total family income.

   b. The exemption will be calculated by using either "net income" or the "basic social allowance budget requirement" as the figure against which the exemption is calculated.

      (i) Net income will be used when the net income amount is less than the basic social allowance budget requirement.
      (ii) The basic social allowance budget requirement will be used when that amount is less than the net income.

      "Basic social allowance budget requirement" is the income required to meet continuous needs calculated on the basis of long term assistance rates, but excluding allowances for employment related expenses such as babysitting and transportation costs.

   c. The exemption on incomes in excess of $1,475 shall be calculated by adding 10% of the amount over $1,475 to the last figure of $300 shown on the exemption schedule.

2. Determining Eligibility of Employed Applicants

   a. Employed persons who are not receiving but who are applying for social allowance will be eligible only if their net income is less than "continuous needs". In calculating the continuous needs:

      (i) earnings related expenses for babysitting and transportation shall be included, while
      (ii) an earnings exemption shall be excluded.

   b. Having established eligibility for social allowance, the "Maximum Earning Exemption Schedule" shall be used in accordance with Section 1 above to determine the exempted amount.

PART XII RATE SCHEDULES AND CODES

A. RATE SCHEDULES

3. AISH (PROGRAM TYPE 9) INCOME EXEMPTION SCHEDULE - SINGLE PERSON

Income	Exemption	Income	Exemption
$ 0 - 165.00	ALL	406.00 - 409.00	226
166.00 - 169.00	166	410.00 - 413.00	227
170.00 - 173.00	167	414.00 - 417.00	228
174.00 - 177.00	168	418.00 - 421.00	229
178.00 - 181.00	169	422.00 - 425.00	230
182.00 - 185.00	170	426.00 - 429.00	231
186.00 - 189.00	171	430.00 - 433.00	232
190.00 - 193.00	172	434.00 - 437.00	233
194.00 - 197.00	173	438.00 - 441.00	234
198.00 - 201.00	174	442.00 - 445.00	235
202.00 - 205.00	175	446.00 - 449.00	236
206.00 - 209.00	176	450.00 - 453.00	237
210.00 - 213.00	177	454.00 - 457.00	238
214.00 - 217.00	178	458.00 - 461.00	239
218.00 - 221.00	179	462.00 - 465.00	240
222.00 - 225.00	180	466.00 - 469.00	241
226.00 - 229.00	181	470.00 - 473.00	242
230.00 - 233.00	182	474.00 - 477.00	243
234.00 - 237.00	183	478.00 - 481.00	244
238.00 - 241.00	184	482.00 - 485.00	245
242.00 - 245.00	185	486.00 - 489.00	246
246.00 - 249.00	186	490.00 - 493.00	247
250.00 - 253.00	187	494.00 - 497.00	248
254.00 - 257.00	188	498.00 - 501.00	249
258.00 - 261.00	189	502.00 - 505.00	250
262.00 - 265.00	190	506.00 - 509.00	251
266.00 - 269.00	191	512.00 - 515.00	252
270.00 - 273.00	192	516.00 - 519.00	253
274.00 - 277.00	193	520.00 - 523.00	254
278.00 - 281.00	194	524.00 - 527.00	255
282.00 - 285.00	195	526.00 - 529.00	256
286.00 - 289.00	196	530.00 - 533.00	257
290.00 - 293.00	197	534.00 - 537.00	258
294.00 - 297.00	198	538.00 - 541.00	259
298.00 - 301.00	199	542.00 - 545.00	260
302.00 - 305.00	200	546.00 - 549.00	261
306.00 - 309.00	201	550.00 - 553.00	262
310.00 - 313.00	202	554.00 - 557.00	263
314.00 - 317.00	203	558.00 - 561.00	264
318.00 - 321.00	204	562.00 - 565.00	265
322.00 - 325.00	205	566.00 - 569.00	266
326.00 - 329.00	206	570.00 - 573.00	267
330.00 - 333.00	207	574.00 - 577.00	268
334.00 - 337.00	208	578.00 - 581.00	269
338.00 - 341.00	209	582.00 - 585.00	270
342.00 - 345.00	210	586.00 - 589.00	271
346.00 - 349.00	211	590.00 - 593.00	272
350.00 - 353.00	212	594.00 - 597.00	273
354.00 - 357.00	213	598.00 - 601.00	274
358.00 - 361.00	214	602.00 - 605.00	275
362.00 - 365.00	215	606.00 - 609.00	276
366.00 - 369.00	216	610.00 - 613.00	277
370.00 - 373.00	217	614.00 - 617.00	278
374.00 - 377.00	218	618.00 - 621.00	279
378.00 - 381.00	219	622.00 - 625.00	280
382.00 - 385.00	220	626.00 - 629.00	281
386.00 - 389.00	221	630.00 - 633.00	282
390.00 - 393.00	222	634.00 - 637.00	283
394.00 - 397.00	223	638.00 - 641.00	284
398.00 - 401.00	224	642.00 - 645.00	285
402.00 - 405.00	225	646.00 - 649.00	286

A. RATE SCHEDULES

3. AISH (PROGRAM TYPE 9) INCOME EXEMPTION SCHEDULE - SINGLE PERSON (continued)

Income	Exemption
$ 650.00 - 653.00	287
654.00 - 657.00	288
658.00 - 661.00	289
662.00 - 665.00	290
666.00 - 669.00	291
670.00 - 673.00	292
674.00 - 677.00	293
678.00 - 681.00	294
682.00 - 685.00	295
686.00 - 689.00	296
690.00 - 693.00	297
694.00 - 697.00	298
698.00 - 701.00	299
702.00 - 705.00	300
706.00 - 709.00	301
710.00 - 713.00	302
714.00 - 717.00	303
718.00 - 721.00	304
722.00 - 725.00	305
726.00 - 729.00	306
730.00 - 733.00	307
734.00 - 737.00	308
738.00 - 741.00	309
742.00 - 745.00	310
746.00 - 749.00	311
750.00 - 753.00	312
754.00 - 757.00	313
758.00 - 761.00	314
762.00 - 765.00	315
766.00 - 769.00	316
770.00 - 773.00	317
774.00 - 777.00	318
778.00 - 781.00	319
782.00 - 785.00	320
786.00 - 789.00	321
790.00 - 793.00	322
794.00 - 797.00	323
798.00 - 801.00	324
802.00 - 805.00	325
806.00 - 809.00	326
810.00 - 813.00	327
814.00 - 817.00	328
818.00 - 821.00	329
822.00 - 825.00	330
826.00 - 829.00	331
830.00 - 833.00	332
834.00 - 837.00	333
838.00 - 841.00	334
842.00 - 845.00	335
846.00 - 849.00	336
850.00 - 853.00	337
854.00 - 857.00	338
858.00 - 861.00	339
862.00 - 865.00	340
866.00 - 869.00	341
870.00 - 873.00	342
874.00 - 877.00	343
878.00 - 881.00	344
882.00 - 885.00	345
886.00 - 889.00	346
890.00 - 893.00	347
894.00 - 897.00	348
898.00 - 901.00	349
902.00 - 905.00	350
906.00 - 909.00	351
912.00 - 915.00	352
916.00 - 919.00	353
920.00 - 923.00	354
924.00 - 927.00	355
926.00 - 929.00	356
930.00 - 933.00	357
934.00 - 937.00	358
938.00 - 941.00	359
942.00 - 945.00	360
946.00 - 949.00	361
950.00 - 953.00	362
954.00 - 957.00	363
958.00 - 961.00	364
962.00 - 965.00	365
966.00 - 969.00	366
970.00 - 973.00	367

A. RATE SCHEDULES

4. AISH (PROGRAM TYPE 9) INCOME EXEMPTION SCHEDULE - MARRIED COUPLE

Income	Exemption	Income	Exemption
$ 0 - 775.00	ALL	1,016.00 - 1,019.00	836
776.00 - 779.00	776	1,020.00 - 1,023.00	837
780.00 - 783.00	777	1,024.00 - 1,027.00	838
784.00 - 787.00	778	1,028.00 - 1,031.00	839
788.00 - 791.00	779	1,032.00 - 1,035.00	840
792.00 - 795.00	780	1,036.00 - 1,039.00	841
796.00 - 799.00	781	1,040.00 - 1,043.00	842
800.00 - 803.00	782	1,044.00 - 1,047.00	843
804.00 - 807.00	783	1,048.00 - 1,051.00	844
808.00 - 811.00	784	1,052.00 - 1,055.00	845
812.00 - 815.00	785	1,056.00 - 1,059.00	846
816.00 - 819.00	786	1,060.00 - 1,063.00	847
820.00 - 823.00	787	1,064.00 - 1,067.00	848
824.00 - 827.00	788	1,068.00 - 1,071.00	849
828.00 - 831.00	789	1,072.00 - 1,075.00	850
832.00 - 835.00	790	1,076.00 - 1,079.00	851
836.00 - 839.00	791	1,080.00 - 1,083.00	852
840.00 - 843.00	792	1,084.00 - 1,087.00	853
844.00 - 847.00	793	1,088.00 - 1,091.00	854
848.00 - 851.00	794	1,092.00 - 1,095.00	855
852.00 - 855.00	795	1,096.00 - 1,099.00	856
856.00 - 859.00	796	1,100.00 - 1,103.00	857
860.00 - 863.00	797	1,104.00 - 1,107.00	858
864.00 - 867.00	798	1,108.00 - 1,111.00	859
868.00 - 871.00	799	1,112.00 - 1,115.00	860
872.00 - 875.00	800	1,116.00 - 1,119.00	861
876.00 - 879.00	801	1,120.00 - 1,123.00	862
880.00 - 883.00	802	1,124.00 - 1,127.00	863
884.00 - 887.00	803	1,128.00 - 1,131.00	864
888.00 - 891.00	804	1,132.00 - 1,135.00	865
892.00 - 895.00	805	1,136.00 - 1,139.00	866
896.00 - 899.00	806	1,140.00 - 1,143.00	867
900.00 - 903.00	807	1,144.00 - 1,147.00	868
904.00 - 907.00	808	1,148.00 - 1,151.00	869
908.00 - 911.00	809	1,152.00 - 1,155.00	870
912.00 - 915.00	810	1,156.00 - 1,159.00	871
916.00 - 919.00	811	1,160.00 - 1,163.00	872
920.00 - 923.00	812	1,164.00 - 1,167.00	873
924.00 - 927.00	813	1,168.00 - 1,171.00	874
928.00 - 931.00	814	1,172.00 - 1,175.00	875
932.00 - 935.00	815	1,176.00 - 1,179.00	876
936.00 - 939.00	816	1,180.00 - 1,183.00	877
940.00 - 943.00	817	1,184.00 - 1,187.00	878
944.00 - 947.00	818	1,188.00 - 1,191.00	879
948.00 - 951.00	819	1,192.00 - 1,195.00	880
952.00 - 955.00	820	1,196.00 - 1,199.00	881
956.00 - 959.00	821	1,200.00 - 1,203.00	882
960.00 - 963.00	822	1,204.00 - 1,207.00	883
964.00 - 967.00	823	1,208.00 - 1,211.00	884
968.00 - 971.00	824	1,212.00 - 1,215.00	885
972.00 - 975.00	825	1,216.00 - 1,219.00	886
976.00 - 979.00	826	1,220.00 - 1,223.00	887
980.00 - 983.00	827	1,224.00 - 1,227.00	888
984.00 - 987.00	828	1,228.00 - 1,231.00	889
988.00 - 991.00	829	1,232.00 - 1,235.00	890
992.00 - 995.00	830	1,236.00 - 1,239.00	891
996.00 - 999.00	831	1,240.00 - 1,243.00	892
1,000.00 - 1,003.00	832	1,244.00 - 1,247.00	893
1,004.00 - 1,007.00	833	1,248.00 - 1,251.00	894
1,008.00 - 1,011.00	834	1,252.00 - 1,255.00	895
1,012.00 - 1,015.00	835	1,256.00 - 1,259.00	896

PART XII RATE SCHEDULES AND CODES

A. RATE SCHEDULES

4. AISH (PROGRAM TYPE 9) INCOME EXEMPTION SCHEDULE - MARRIED COUPLE (continued)

Income	Exemption
$1,260.00 - 1,263.00	897
1,264.00 - 1,267.00	898
1,268.00 - 1,271.00	899
1,272.00 - 1,275.00	900
1,276.00 - 1,279.00	901
1,280.00 - 1,283.00	902
1,284.00 - 1,287.00	903
1,288.00 - 1,291.00	904
1,292.00 - 1,295.00	905
1,296.00 - 1,299.00	906
1,300.00 - 1,303.00	907
1,304.00 - 1,307.00	908
1,308.00 - 1,311.00	909
1,312.00 - 1,315.00	910
1,316.00 - 1,319.00	911
1,320.00 - 1,323.00	912
1,324.00 - 1,327.00	913
1,328.00 - 1,331.00	914
1,332.00 - 1,335.00	915
1,336.00 - 1,339.00	916
1,340.00 - 1,343.00	917
1,344.00 - 1,347.00	918
1,348.00 - 1,351.00	919
1,352.00 - 1,355.00	920
1,356.00 - 1,359.00	921
1,360.00 - 1,363.00	922
1,364.00 - 1,367.00	923
1,368.00 - 1,371.00	924
1,372.00 - 1,375.00	925
1,376.00 - 1,379.00	926
1,380.00 - 1,383.00	927
1,384.00 - 1,387.00	928
1,388.00 - 1,391.00	929
1,392.00 - 1,395.00	930
1,396.00 - 1,399.00	931
1,400.00 - 1,403.00	932
1,404.00 - 1,407.00	933
1,408.00 - 1,411.00	934
1,412.00 - 1,415.00	935
1,416.00 - 1,419.00	936
1,420.00 - 1,423.00	937
1,424.00 - 1,427.00	938
1,428.00 - 1,431.00	939
1,432.00 - 1,435.00	940
1,436.00 - 1,439.00	941
1,440.00 - 1,443.00	942
1,444.00 - 1,447.00	943
1,448.00 - 1,451.00	944
1,452.00 - 1,455.00	945
1,456.00 - 1,459.00	946
1,460.00 - 1,463.00	947
1,464.00 - 1,467.00	948
1,468.00 - 1,471.00	949
1,472.00 - 1,475.00	950
1,476.00 - 1,479.00	951
1,480.00 - 1,483.00	952
1,484.00 - 1,487.00	953
1,488.00 - 1,491.00	954
1,492.00 - 1,495.00	955
1,496.00 - 1,499.00	956
1,500.00 - 1,503.00	957
1,504.00 - 1,507.00	958
1,508.00 - 1,511.00	959
1,512.00 - 1,515.00	960
1,516.00 - 1,519.00	961
1,520.00 - 1,523.00	962
1,524.00 - 1,527.00	963
1,528.00 - 1,531.00	964
1,532.00 - 1,535.00	965
1,536.00 - 1,539.00	966
1,540.00 - 1,543.00	967
1,544.00 - 1,547.00	968
1,548.00 - 1,551.00	969
1,552.00 - 1,555.00	970
1,556.00 - 1,559.00	971
1,560.00 - 1,563.00	972
1,564.00 - 1,567.00	973
1,568.00 - 1,571.00	974
1,572.00 - 1,575.00	975
1,576.00 - 1,579.00	976
1,580.00 - 1,583.00	977

PART XII RATE SCHEDULES AND CODES

A. RATE SCHEDULES

5. DAY CARE SUBSIDY PROGRAM FEE SCHEDULE

INDICATING PARENT'S PORTION

Number of Dependent Children	1-Parent Family 1	2	3	4	5	6	2-Parent Family 1	2	3	4	5	6
Net Income												
to 1130	45	45	45	45	45	45	45	45	45	45	45	45
1131 to 1140	47	45	45	45	45	45	45	45	45	45	45	45
1141 to 1150	50	45	45	45	45	45	45	45	45	45	45	45
1151 to 1160	53	45	45	45	45	45	45	45	45	45	45	45
1161 to 1170	56	45	45	45	45	45	45	45	45	45	45	45
1171 to 1180	59	45	45	45	45	45	45	45	45	45	45	45
1181 to 1190	62	45	45	45	45	45	45	45	45	45	45	45
1191 to 1200	65	45	45	45	45	45	45	45	45	45	45	45
1201 to 1210	68	45	45	45	45	45	45	45	45	45	45	45
1211 to 1220	71	45	45	45	45	45	45	45	45	45	45	45
1221 to 1230	74	45	45	45	45	45	45	45	45	45	45	45
1231 to 1240	77	45	45	45	45	45	45	45	45	45	45	45
1241 to 1250	80	45	45	45	45	45	45	45	45	45	45	45
1251 to 1260	85	47	45	45	45	45	45	45	45	45	45	45
1261 to 1270	91	50	45	45	45	45	45	45	45	45	45	45
1271 to 1280	97	53	45	45	45	45	45	45	45	45	45	45
1281 to 1290	103	56	45	45	45	45	45	45	45	45	45	45
1291 to 1300	109	59	45	45	45	45	45	45	45	45	45	45
1301 to 1310	115	62	45	45	45	45	45	45	45	45	45	45
1311 to 1320	121	65	45	45	45	45	45	45	45	45	45	45
1321 to 1330	127	68	45	45	45	45	45	45	45	45	45	45
1331 to 1340	133	71	45	45	45	45	48	45	45	45	45	45
1341 to 1350	139	74	45	45	45	45	51	45	45	45	45	45
1351 to 1360	145	77	47	45	45	45	54	45	45	45	45	45
1361 to 1370	151	80	50	45	45	45	57	45	45	45	45	45
1371 to 1380	158	85	53	45	45	45	60	45	45	45	45	45
1381 to 1390	168	91	56	45	45	45	63	45	45	45	45	45
1391 to 1400	178	97	59	45	45	45	66	45	45	45	45	45
1401 to 1410	188	103	62	45	45	45	69	45	45	45	45	45
1411 to 1420	198	109	65	45	45	45	72	45	45	45	45	45
1421 to 1430	208	115	68	45	45	45	75	45	45	45	45	45
1431 to 1440	218	121	71	45	45	45	78	48	45	45	45	45
1441 to 1450	228	127	74	45	45	45	81	51	45	45	45	45
1451 to 1460	238	133	77	48	45	45	86	54	45	45	45	45
1461 to 1470	240	139	80	51	45	45	92	57	45	45	45	45
1471 to 1480		145	84	54	45	45	98	60	45	45	45	45
1481 to 1490		151	90	57	45	45	104	63	45	45	45	45
1491 to 1500		158	96	60	45	45	110	66	45	45	45	45
1501 to 1510		168	102	63	45	45	116	69	45	45	45	45
1511 to 1520		178	108	66	45	45	122	72	45	45	45	45
1521 to 1530		188	114	69	48	45	128	75	47	45	45	45
1531 to 1540		198	120	72	51	45	134	78	50	45	45	45
1541 to 1550		208	126	75	54	45	140	81	53	45	45	45

A. RATE SCHEDULES

5. DAY CARE SUBSIDY PROGRAM FEE SCHEDULE (continued)

Number of Dependent Children	1-Parent Family 1	2	3	4	5	6	2-Parent Family 1	2	3	4	5	6
Net Income												
1551 to 1560		218	132	78	57	45	146	86	56	45	45	45
1561 to 1570		228	138	81	60	45	152	92	59	45	45	45
1571 to 1580		238	144	87	63	45	160	98	62	45	45	45
1581 to 1590		248	150	93	66	45	170	104	65	45	45	45
1591 to 1600		258	156	99	69	48	180	110	68	47	45	45
1601 to 1610		268	166	105	72	51	190	116	71	50	45	45
1611 to 1620		278	176	111	75	54	200	122	74	53	45	45
1621 to 1630		288	186	117	78	57	210	128	77	56	45	45
1631 to 1640		298	196	123	81	60	220	134	80	59	45	45
1641 to 1650		308	206	129	86	63	230	140	84	62	45	45
1651 to 1660		318	216	135	92	66	240	146	90	65	45	45
1661 to 1670		328	226	141	98	69		152	96	68	46	45
1671 to 1680		338	236	147	104	72		160	102	71	49	45
1681 to 1690		348	246	153	110	75		170	108	74	52	45
1691 to 1700		358	256	161	116	78		180	114	77	55	45
1701 to 1710		368	266	171	122	81		190	120	80	58	45
1711 to 1720		378	276	181	128	86		200	126	84	61	45
1721 to 1730		388	286	191	134	92		210	132	90	64	45
1731 to 1740		398	296	201	140	98		220	138	96	67	46
1741 to 1750		408	306	211	146	104		230	144	102	70	49
1751 to 1760		418	316	221	152	110		240	150	108	73	52
1761 to 1770		428	326	231	160	116		250	156	114	76	55
1771 to 1780		438	336	241	170	122		260	166	120	79	58
1781 to 1790		448	346	251	180	128		270	176	126	82	61
1791 to 1800		458	356	261	190	134		280	186	132	88	64
1801 to 1810		468	366	271	200	140		290	196	138	94	67
1811 to 1820		478	376	281	210	146		300	206	144	100	70
1821 to 1830		480	386	291	220	152		310	216	150	106	73
1831 to 1840			396	301	230	160		320	226	156	112	76
1841 to 1850			406	311	240	170		330	236	165	118	79
1851 to 1860			416	321	250	180		340	246	175	124	82
1861 to 1870			426	331	260	190		350	256	185	130	88
1871 to 1880			436	341	270	200		360	266	195	136	94
1881 to 1890			446	351	280	210		370	276	205	142	100
1891 to 1900			456	361	290	220		380	286	215	148	106
1901 to 1910			466	371	300	230		390	296	225	154	112
1911 to 1920			476	381	310	240		400	306	235	163	118
1921 to 1930			486	391	320	250		410	316	245	173	124
1931 to 1940			496	401	330	260		420	326	255	183	130
1941 to 1950			506	411	340	270		430	336	265	193	136
1951 to 1960			516	421	350	280		440	346	275	203	142
1961 to 1970			526	431	360	290		450	356	285	213	148
1971 to 1980			536	441	370	300		460	366	295	223	154
1981 to 1990			546	451	380	310		470	376	305	233	163
1991 to 2000			556	461	390	320		480	386	315	243	173

A. RATE SCHEDULES

5. DAY CARE SUBSIDY PROGRAM FEE SCHEDULE (continued)

	1-Parent Family						2-Parent Family					
Number of Dependent Children	1	2	3	4	5	6	1	2	3	4	5	6
Net Income												
2001 to 2010			566	471	400	330			396	325	253	183
2011 to 2020			576	481	410	340			406	335	263	193
2021 to 2030			586	491	420	350			416	345	273	203
2031 to 2040			596	501	430	360			426	355	283	213
2041 to 2050			606	511	440	370			436	365	293	223
2051 to 2060			616	521	450	380			446	375	303	233
2061 to 2070			626	531	460	390			456	385	313	243
2071 to 2080			636	541	470	400			466	395	323	253
2081 to 2090			646	551	480	410			476	405	333	263
2091 to 2100			656	561	490	420			486	415	343	273
2101 to 2110			666	571	500	430			496	425	353	283
2111 to 2120			676	581	510	440			506	435	363	293
2121 to 2130			686	591	520	450			516	445	373	303
2131 to 2140			696	601	530	460			526	455	383	313
2141 to 2150			706	611	540	470			536	465	393	323
2151 to 2160			716	621	550	480			546	475	403	333
2161 to 2170			720	631	560	490			556	485	413	343
2171 to 2180				641	570	500			566	495	423	353
2181 to 2190				651	580	510			576	505	433	363
2191 to 2200				661	590	520			586	515	443	373
2201 to 2210				671	600	530			596	525	453	383
2211 to 2220				681	610	540			606	535	463	393
2221 to 2230				691	620	550			616	545	473	403
2231 to 2240				701	630	560			626	555	483	413
2241 to 2250				711	640	570			636	565	493	423
2251 to 2260				721	650	580			646	575	503	433
2261 to 2270				731	660	590			656	585	513	443
2271 to 2280				741	670	600			666	595	523	453
2281 to 2290				751	680	610			676	605	533	463
2291 to 2300				761	690	620			686	615	543	473
2301 to 2310				771	700	630			696	625	553	483
2311 to 2320				781	710	640			706	635	563	493
2321 to 2330				791	720	650			716	645	573	503
2331 to 2340				801	730	660			720	655	583	513
2341 to 2350				811	740	670				665	593	523
2351 to 2360				821	750	680				675	603	533
2361 to 2370				831	760	690				685	613	543
2371 to 2380				841	770	700				695	623	553
2381 to 2390				851	780	710				705	633	563
2391 to 2400				861	790	720				715	643	573
2401 to 2410				871	800	730				725	653	583
2411 to 2420				881	810	740				735	663	593
2421 to 2430				891	820	750				745	673	603
2431 to 2440				901	830	760				755	683	613
2441 to 2450				911	840	770				765	693	623

A. RATE SCHEDULES

5. DAY CARE SUBSIDY PROGRAM FEE SCHEDULE (continued)

	1-Parent Family						2-Parent Family					
Number of Dependent Children	1	2	3	4	5	6	1	2	3	4	5	6
Net Income												
2451 to 2460				921	850	780				775	703	633
2461 to 2470				931	860	790				785	713	643
2471 to 2480				941	870	800				795	723	653
2481 to 2490				951	880	810				805	733	663
2491 to 2500				960	890	820				815	743	673
2501 to 2510					900	830				825	753	683
2511 to 2520					910	840				835	763	693
2521 to 2530					920	850				845	773	703
2531 to 2540					930	860				855	783	713
2541 to 2550					940	870				865	793	723
2551 to 2560					950	880				875	803	733
2561 to 2570					960	890				885	813	743
2571 to 2580					970	900				895	823	753
2581 to 2590					980	910				905	833	763
2591 to 2600					990	920				915	843	773
2601 to 2610					1000	930				925	853	783
2611 to 2620					1010	940				935	863	793
2621 to 2630					1020	950				945	873	803
2631 to 2640					1030	960				955	883	813
2641 to 2650					1040	970				960	893	823
2651 to 2660					1050	980					903	833
2661 to 2670					1060	990					913	843
2671 to 2680					1070	1000					923	853
2681 to 2690					1080	1010					933	863
2691 to 2700					1090	1020					943	873
2701 to 2710					1100	1030					953	883
2711 to 2720					1110	1040					963	893
2721 to 2730					1120	1050					973	903
2731 to 2740					1130	1060					983	913
2741 to 2750					1140	1070					993	923
2751 to 2760					1150	1080					1003	933
2761 to 2770					1160	1090					1013	943
2771 to 2780					1170	1100					1023	953
2781 to 2790					1180	1110					1033	963
2791 to 2800					1190	1120					1043	973
2801 to 2810					1200	1130					1053	983
2811 to 2820						1140					1063	993
2821 to 2830						1150					1073	1003
2831 to 2840						1160					1083	1013
2841 to 2850						1170					1093	1023
2851 to 2860						1180					1103	1033
2861 to 2870						1190					1113	1043
2871 to 2880						1200					1123	1053
2881 to 2890						1210					1133	1063
2891 to 2900						1220					1143	1073

A. RATE SCHEDULES

5. DAY CARE SUBSIDY PROGRAM FEE SCHEDULE (continued)

	1-Parent Family						2-Parent Family					
Number of Dependent Children	1	2	3	4	5	6	1	2	3	4	5	6
Net Income												
2901 to 2910						1230					1153	1083
2911 to 2920						1240					1163	1093
2921 to 2930						1250					1173	1103
2931 to 2940						1260					1183	1113
2941 to 2950						1270					1193	1123
2951 to 2960						1280					1200	1133
2961 to 2970						1290						1143
2971 to 2980						1300						1153
2981 to 2990						1310						1163
2991 to 3000						1320						1173
3001 to 3010						1330						1183
3011 to 3020						1340						1193
3021 to 3030						1350						1203
3031 to 3040						1360						1213
3041 to 3050						1370						1223
3051 to 3060						1380						1233
3061 to 3070						1390						1243
3071 to 3080						1400						1253
3081 to 3090						1410						1263
3091 to 3100						1420						1273
3101 to 3110						1430						1283
3111 to 3120						1440						1293
3121 to 3130												1303
3131 to 3140												1313
3141 to 3150												1323
3151 to 3160												1333
3161 to 3170												1343
3171 to 3180												1353
3181 to 3190												1363
3191 to 3200												1373
3201 to 3210												1383
3211 to 3220												1393
3221 to 3230												1403
3231 to 3240												1413
3241 to 3250												1423
3251 to 3260												1433
3261 or more												1440

B. CODES

1. NEEDS AND INCOME CODES

(1) CONTINUOUS NEEDS

11. Shelter	Rent Mortgage Payment on Any Agreement for Sale Room and Board Nursing Home Maintenance and Co-insurance Condominium Fees Trailer Lot Rental Shelter for Homemaker
12. Renter's Allowance	Fuel and Utilities
13. Homeowner's Allowance	Fuel and Utilities Taxes Fire Insurance Homeowner's Maintenance Allowance
14. Basic Allowance	Clothing Food Personal Allowance Household Allowance Comforts Allowance Basic Allowance - Long Term Basic Allowance - Short Term
15. Handicap Benefit	
16. AISH Maximum	
17. Additional Recurring Discretionary Needs	Special Diets Telephones Babysitting Homemaker Transportation Day Care and Kindergarten Food for Homemaker Other Continuous Needs Recreation Allowance Laundry Allowance Prescription Drugs (continuous) Nursing Services (continuous)
18. Special Non-Medical Needs DISTRICT OFFICE ISSUE ONLY	Other Non-continuous Needs School Supplies Household Furniture Moving Costs Home Repairs Repairs to Major Household Appliances Trade Tools Extraordinary Utility Charges (include arrears) Additional Food Additional Clothing Additional Household Allowance Emergency Shelter Taxi Fares Funerals and Burials - All Costs Major Household Appliances

B. CODES

1. NEEDS AND INCOME CODES (continued)

19. Special Medical Needs DISTRICT OFFICE ISSUE ONLY	Prescription Drugs Nursing Services Rehabilitation Services Optometric Services Dental Fees and Supplies Dental Mechanics, Fees and Supplies Opthalmic Dispensers, Fees and Supplies Infant Formula and Allergy Serums, etc. Social Allowance - Third Party Medicals Ambulance Services AISH - Third Party Medicals
21. AISH Income Exemption	
98. Utility Deposit	
99. Damage Deposit	

(2) INCOME

31. Unemployment Insurance	Unemployment Insurance - Head Unemployment Insurance - Spouse
32. Veteran's Allowance	Veteran's Allowance - Head Veteran's Allowance - Spouse
33. Worker's Compensation	Worker's Compensation - Head Worker's Compensation - Spouse
34. Canada Pension Plan	Canada Pension Plan - Head Canada Pension Plan - Spouse
35. OAS/GIS Applicant	Old Age Security and Guaranteed Income Supplement - Head
36. OAS/GIS Spouse	Old Age Security and Guaranteed Income Supplement - Spouse
37. AAIP	Alberta Assured Income Plan - Head Alberta Assured Income Plan - Spouse
38. Spouse's Allowance	Spouse's Allowance - Head Spouse's Allowance - Spouse
39. Net Training Allowance - Canada Employment This is calculated by subtracting earning exemption from the training allowance	Training Allowance - Canada Employment - Head Training Allowance - Canada Employment - Spouse
40. Court/Voluntary Maintenance	Court Maintenance Order - Head Voluntary Maintenance - Head Court Maintenance Order - Spouse Voluntary Maintenance - Spouse
41. Net Earnings Less Earning Exemption See Earning Exemption Schedule Notes: 1a. for definition of net earnings	Earnings Full Time - Head Earnings Part Time - Head Net Income From Self Employment for Employable Persons - Head Earnings Full Time From Previous Month - Head Earnings Part Time From Previous Month - Head

B. CODES

1. NEEDS AND INCOME CODES (continued)

	Earnings Full Time - Spouse Earnings Part Time - Spouse Net Income From Self Employment for Unemployable Persons - Spouse Earnings Full Time From Previous Month - Spouse Earnings Part Time from Previous Month - Spouse
42. Pensions/Allowances	Department of Education Training Allowance Net - Head - This is calculated by subtracting earning exemption from the training allowance Family Allowance - Head Other Pensions - Head Department of Education Training Allowance Net - Spouse - This is calculated by subtracting earning exemption from the training allowance Family Allowance - Spouse Other Pensions - Spouse
43. Other Income Rentals - show the net amount by subtracting 50% Room and Board - show the net amount by subtracting 75% For AISH - Income Exemption must be subtracted from exemptable income to arrive at net income	Net Farm Income - Head Other Income - Head Interest and Investment Income - Head Dividends - Head Bursaries and Scholarships - Head Oil Royalties - Head Net Income from Self-Employment - Head Net Farm Income - Spouse Other Income - Spouse Interest and Investment Income - Spouse Dividends - Spouse Bursaries and Scholarships - Spouse Oil Royalties - Spouse Net Income from Self-Employment - Spouse
98. OP Recoveries	Overpayment Recoveries
99. RP Recoveries	Repayment Recoveries

B. CODES

2. DATA DECISION SHEET CODES

(1) Transaction Codes

Code	Description
N	New application
X	Cancel
R	Reopen or reinstatement
C	Change
D	Delete (C.O. use only)
P	Print DDS

(2) District Offices, Names and Codes

Coding:	No.	Name	No.	Name
	01	Athabasca	35	Wetaskiwin
	02	Barrhead	36	Whitecourt
	03	Crowsnest	37	Calgary Alberta Place
	04	Bonnyville	38	Sherwood Park
	05	Brooks	39	Calgary Radisson Centre
	06	Calgary Simons Valley	40	St. Albert
	07	Calgary Willow Park Centre	41	Calgary Foothills
	08	Camrose	42	Capilano Centre
	09	Drumheller	43	Hys Centre
	10	Fort Road	44	Parkland County
	11	Edmonton Southwest	45	Calgary Crisis Unit
	12	Centennial Mall	46	Edmonton Crisis Unit
	13	Edmonton Westmount	47	Canmore
	14	Edson	48	Lloydminster
	15	Fort McMurray	49	Calgary Ranchlands
	16	Grande Cache	56	Leduc
	17	Grande Prairie	57	Hinton
	18	Hanna	58	Taber
	19	High Level	59	Strathmore
	20	High Prairie	60	Westlock
	21	Lac La Biche	61	Claresholm
	22	Lethbridge	62	Southgate
	23	Medicine Hat	63	Aidrie
	24	Olds	64	Grande Centre/Cold Lake
	25	Peace River	80	Edmonton Single Men's Hostel
	26	Red Deer	81	Calgary Single Men's Hostel
	27	Rocky Mountain House	82	Gunn Welfare Centre
	28	Slave Lake	83	Youngstown Home
	29	Smoky Lake	84	Hilltop House
	30	Stettler		
	31	St. Paul		
	32	Vegreville		
	33	Vermilion		
	34	Wainwright		

(3) Beneficiary Number

00	Applicant or male spouse (for AISH - handicapped applicant, male or female)
01	Spouse (female) (for AISH - male or female spouse)
02-19	Dependent children

(4) ADC

A	Add spouse or dependant
D	Delete family member
C	Change family information

B. CODES

2. DATA DECISION SHEET CODES (continued)

(5) Sex

Code	Description
M	Male
F	Female

(6) Budget Status

1	Full Basic Allowance
2	Partial Basic Allowance
3	No Basic Allowance

(7) Reason for Recovery

OP	Overpayment
RP	Repayment

(8) Method of Assistance

1	Automatic pay
2	District Office Issue

(9) Program Type

1	Social Allowance
4	Guardian Social Allowance
9	Assured Income for the Severely Handicapped - Straight/Modified

(10) Chargeability

1	Provincial responsibility
2	Indian Affairs responsibility
3	Northwest Territories responsibility
4	Municipal responsibility

(11) AHCIP Status

1	Covered by department
2	Not covered by department (also for those who have "opted out" of AHCIP coverage)

(12) Accommodation

11	Designated Facilities	Nursing Home Auxiliary Hospital Active Treatment Hospital AISH Other Designated Facilities
12	Other	Single Room (light housekeeping) Suite or Apartment Mobile Home or Trailer House Room and Board Senior Citizen's Home Gunn, Youngstown, Hilltop House Geriatric Centers at Camrose, Raymond, Claresholm Home for Special Care, Community Residences, Other Institutions Public Housing Mental Health Services Approved Home Program Services for the Handicapped Approved Home Program

B. CODES

2. DATA DECISION SHEET CODES (continued)

(13) Employment Status

Head and Spouse	Description
11	Employed full-time
12	Employed part-time
13	Employed part-time, seeking full-time
14	Not employed, available for full-time
15	Not employed, available for part-time or sheltered work
16	Not employed, unavailable/unsuitable
17	High school or up-grading
18	Technical/vocational up to one year
19	Technical/vocational 1 to 2 years

(14) Agency or District Codes and Band Codes for Treaty Indians in Alberta

Agency, District or Band Number	Code
Blackfoot/Stony Sarcee District	772
Blackfoot	02
Stony (includes Bearspaw, Chinquay and Wesley groups)	03
Sarcee	04
Sunchild Cree	05
O'Chiese	06
Blood/Peigan District	773
Blood	02
Peigan	03
Edmonton/Hobbema District	774
Alexis	02
Alexander	03
Louis Bull	05
Enoch	06
Paul	07
Montana	08
Ermineskin	10
Samson	16
Fort Vermilion Indian Agency	775
Little Red River	02
Slaves of Upper Hay River	03
Tallcree	04
Boyer River	05
Lesser Slave Lake Indian Agency	777
Driftpile	02
Sucker Creek	03
Swan River	05
Sawridge	06
Duncan's	07
Beaver Band of Horse Lakes and Clear Hills	08
Sturgeon Lake	11
Whitefish Lake	12
Wabasca (Bigstone)	17
Lubican Lake	23
Grouard	24

B. CODES

2. DATA DECISION SHEET CODES (continued)

Agency, District or Band Number	Code
Saddle Lake/Athabasca District	779
Cree	02
Saddle Lake	03
Fort Chipewyan	04
Cold Lake	06
Frog Lake	07
Kehewin	08
Beaver Lake	09
Fort McKay	10
Fort McMurray	11
Heart Lake	12
Janvier	13

(15) Application Reason (Reason for Assistance)

1	Person 60 years or over
2	Person with dependent children (one parent family unit)
3	Physical illness or disability
4	Mental illness
5	Mental retardation
6	Employable
7	Considered unsuitable for employment
8	Guardian social allowance

(16) Subrogation Code (S Flag)

1	Alert of subrogation potential
2	No alert of subrogation potential

(17) Recovery Code (R Flag)

0	Recovery Grandfathered. If the case has recoveries prior to December, 1977, no editing will be done until there is a change in the recovery amount
1	Recovery has been entered into the system since December, 1977, and the computer checks the rate
2	Recovery entered since December, 1977, has been Grandfathered. There is no computer check on the rate. The rate must be at least $1.00

(18) AISH Rehabilitation and Medical Code

To contain one of the following alphabetic codes identifying rehabilitation potential.

A.	Not suitable for vocational rehabilitation or training
B.	Received appropriate vocational rehabilitation and training but has extremely limited or no employment potential
C.	Received appropriate vocational rehabilitation or training but is limited in the kind and/or amount of employment activity

Followed by a six digit numeric code indentifying the medical condition(s) as shown in section 2A of the SSCH 240 AISH Medical Report. If only one condition is identified on the Medical Report, double 0's (zeros) will be entered to complete the six digit numeric code: i.e. A, or B, or C plus 020000. If more than three conditions are identified, only the first three will be coded in this field.

B. CODES

3. DATA DECISION SHEET SYSTEM ERROR CODES

Description of Terms

Code - The number of the error message.

Type - The type of the error. In order of priority they are:

F - Fatal:

If an error of this type occurs the entire DDS is rejected. No information is changed and the turnaround document is identical to the previous one and has an F in the error box at the top of the page, except in a new case where the fatal message will appear on an error listing (no turnaround document is produced).

W - Warning:

If an error of this type occurs the information on the DDS which is correct will be accepted. The information which is in error will be rejected. This error should be corrected immediately.

A - Alert:

This is not an error as such but a message stating that:

a. An automatic adjustment has been made by the program (e.g., applicant has reached 60 years of age and reason for assistance is changed to age) or
b. A time limit on a certain condition has expired and the district office must submit a new DDS either changing or renewing the condition.

C - Computer Check:

This error is the same as a warning except that the information is not vital at this point and correction is not required until the next DDS is submitted.

B. CODES

3. DATA DECISION SHEET SYSTEM ERROR CODES (continued)

CODE	TYPE	MESSAGE	DESCRIPTION
001	F	File Number Invalid	File number must be numeric and 6 digits.
002	F	Suffix Invalid	(a) File number suffix must be blank (no suffix), or "S" followed by two numerics. (b) Program Type 4 - Guardian Social Allowance, must have a suffix. (c) Suffix must not be present for any program type other than program type 4.
004	F	DDS Date Invalid	Data decision sheet date must be numeric and a valid date.
005	F	Transaction Invalid	Transaction type must be C, D, N, P, R or X.
006	F	Deficit Invalid - 1	Deficit must be numeric. Please notify a Systems Analyst.
007	F	Deficit Invalid - 2	Continuous needs less income is not equal to deficit.
008	F	Name of Applicant Invalid	(a) Name of Applicant must be alphabetic except for a comma after applicant's surname. (b) Name of Applicant is missing.
009	F	Name of Trustee Invalid	(a) Name of Trustee must be alphabetic except for a comma after trustee's surname. (b) Name of Trustee (Guardian) missing for Program Type 4 - Guardian Social Allowance.
010	F	Address Invalid	Mailing Address plus postal code is missing.
011	W	Postal Code Invalid	(a) Postal Code must be ANA NAN (A-Alphabetic, N-Numeric). (b) Postal Code was not submitted with address change. A Postal Code must be submitted with any Address Change, even if the Postal Code has not changed.
013	F	District Office Invalid	(a) District Office must be 01 - 99 (b) District Office Code is missing. (c) District Office Code for the origin of request must equal the district office code on the master file.
014	W	Unit Invalid	District Office Unit designation can be any single letter except "X". ("X" is only used to delete an existing unit.)
015	C	Caseload Invalid	Caseload designation must be numeric.

B. CODES

3. DATA DECISION SHEET SYSTEM ERROR CODES (continued)

CODE	TYPE	MESSAGE	DESCRIPTION
016	F	ADC code Invalid	ADC code must be blank, "A", "D" or "C". "D" not permitted for Beneficiary Number 00.
017	W	Initials Invalid Ben XX	(a) Initials must be alphabetic. (b) Initials of beneficiary number XX are missing.
018	F	Birthdate Invalid Ben XX	(a) Birthdate must be numeric and a valid date. (b) Birthdate of Beneficiary number XX is missing. (c) Ben 02-20 must be less than 18 years old.
019	W	Sex Invalid Ben XX	(a) Sex must be "M" or "F". (b) Sex code for Beneficiary number XX is missing.
020	W	Budget Status Invalid	Must be blank, 0,1,2, or 3
021	A	Medicare No. Invalid Ben XX	Medicare number must be numeric and pass check-digit routine.
022	F	Ben. #00 Missing	Applicant's segment in family information is missing.
023	F	No Master Rec. for Ben XX	ADC column contains C - Change, or D - Delete, and Beneficiary Number XX is not on the master file.
024	F	Master Rec. Exists for Ben XX	(a) ADC column contains A - Add, and Beneficiary Number XX is already on the master file. (b) New transaction with duplicate Beneficiary Number XX.
025	F	Too many beneficiary numbers	More than one beneficiary for Program Type 4 - Guardian Social Allowance.
027	F	Liquid Assets Invalid	(a) Liquid assets not numeric. (b) Reason for assistance is 6, employable, for Program Type 1 and the liquid assets exceed $50 for a single person, or $250 for a married couple.
028	W	Negotiable Assets Invalid	Negotiable assets not numeric.
029	W	Administrative Exemption Invalid	Administrative exemption not numeric.
030	F	Program Type Invalid	(a) Program type not numeric, must be 1, 4 or 9. (b) Program type is missing. (c) If D.O.code is 82, 83 or 84, program type must be 1.
031	F	Chargeability Invalid	(a) Chargeability code must be 1 - 4. (b) Chargeability code is missing.

B. CODES

3. DATA DECISION SHEET SYSTEM ERROR CODES (continued)

CODE	TYPE	MESSAGE	DESCRIPTION
033	W	AHCIP code Invalid	(a) AHCIP status code must be 1 or 2. (b) AHCIP status code missing.
043	F	Accommodation Invalid	(a) Accommodation code must be 11 or 12. (b) Accommodation code is missing for Program Type 1 - Social Allowance, or 9 - AISH, straight/modified.
049	W	Employment Status-Head Invalid	(a) Employment status of head must be 11 - 19. (b) Employment Status for Head is missing for Program Type 1 - Social Allowance, 9 - AISH, straight/modified.
050	W	Employment Status-Spouse Invalid	(a) Employment status for spouse must be 11 - 19. (b) Employment status for Spouse is missing when a spouse is present. (c) Spouse is missing when employment status for spouse is present.
051	W	Treaty Number	(a) Treaty number must be numeric. (b) Treaty number is missing when the chargeability code is equal to 2 - Indian Affairs Responsibility, for Program Type 1 - Social Allowance.
053	W	Band Number Invalid	(a) Band number must be numeric. (b) Band number is missing when chargeability code is 2 - Indian Affairs Responsibility for Program Type 1 - Social Allowance.
054	F	Application Date Invalid	(a) Application date must be numeric and a valid date. (b) Application date can only appear on a new, reopen or change. (c) Application date must not follow the current payroll. (d) Application date missing.
055	F	Application Reason Invalid	(a) Application reason must be 1 - 8. (b) Application reason can only appear on a new, change or reopen transaction. (c) For Program Type 1 - Social Allowance:

B **CODES**

3. DATA DECISION SHEET SYSTEM ERROR CODES (continued)

CODE	TYPE	MESSAGE	DESCRIPTION
			1. Application reason missing. 2. Application reason is not 1 - 7. 3. Application Reason is 1 - Person 60 years or over, and applicant is less than 60 years of age. 4. Application reason is 2 - Person with dependent children, and there are no dependants shown. 5. Application reason is 5 - Mental Retardation, employment status cannot be 18 or 19 - unavailable for work because of technical or vocational training. 6. Application reason is 6 - employable, employment status cannot be 16 - unsuitable for employment. 7. If application reason is 7 - considered unsuitable for employment, employment status must be 16 - unsuitable for employment. (d) For Program Type 4 - Guardian Social Allowance, application reason must be 8 - Guardian Social Allowance.
056	W	Cancel Date Invalid	(a) Cancel date must be numeric and valid date. (b) Cancel date can only appear on a closure or change transaction. (c) Cancel date must not follow the current payroll date. (d) Cancel date is missing on a closure or cancel date is prior to application date.
058	F	Reopen Date Invalid	(a) Reopen date must be numeric and a valid date. (b) Reopen date can appear only on a reopen or change transaction. (c) Reopen date must not follow the current payroll date. (d) Reopen date is missing on a reopen or reopen date is prior to cancel date.
059	F	Payroll Date Invalid	(a) Payroll date must be numeric and a valid date. (b) Payroll date must not follow the current payroll date. (c) The payroll date is: (1) Missing, or (2) Prior to application or reopen date.

B. CODES

3. DATA DECISION SHEET SYSTEM ERROR CODES (continued)

CODE	TYPE	MESSAGE	DESCRIPTION
060	W	Diary Date Invalid	(a) Diary date must be numeric and a valid date. (b) Diary Date missing. (c) Diary date prior to application or reopen date.
061	F	Change Date Invalid	(a) Change date must be numeric and a valid date. (b) Change date must not follow the current payroll date. (c) Change date missing for a change transaction.
062	F	Need Code Invalid	(a) If Program Type 1 - need code can only be 11 - 15, 17 (only 1 of 12 or 13) - need code 15 must be $52 or $104 - if District Office is 82 - 84 need code can only be 14, 17 (b) If Program Type 4, need code if present can only be 11, 14, 17. (c) If Program Type 9 straight, need code can only be 11, 16, 21 where need code 16 must be equal to or less than $604. (d) If Program Type 9 modified, need code if present can only be 11, 14, 15, 17, 21 where need code 15 must be $52.
063	F	Contin. Needs Amt. Invalid	Continuous need amount must be numeric.
064	F	Income code Invalid	Income code must be 31 - 43. (a) Income code must be 31 - 34, 40 - 43 for Program Type 4 - Guardian Social Allowance. (b) If Program Type is 1 or 9 and no spouse is shown, income code 36 cannot be entered. (c) If Program Type is 1 or 9 , income code 41 can be entered only if employment status is 11, 12, or 13. (d) If Program Type is 1 showing needs code 15, or Program Type is 9, income code 35 cannot be entered.
065	F	Income Amount Invalid	Income amount must be numeric.
066	F	Recovery Amount Invalid	(a) Recovery amount must be numeric. (b) Recovery amount missing on recovery.
067	F	Date of Recovery Invalid	(a) Date of recovery must be numeric and a valid date.

B. CODES

3. DATA DECISION SHEET SYSTEM ERROR CODES (continued)

CODE	TYPE	MESSAGE	DESCRIPTION
			(b) Date of recovery missing on recovery.
068	F	Rate of Recovery Invalid	Rate of recovery must be numeric.
069	F	Reason for Recovery Invalid	(a) Reason for recovery must be 10-99, or OP or RP.
			(b) Reason for recovery missing on recovery.
070	F	Method of Issue Invalid	(a) Method of issue code must be 1 or blank (may be 2 on a "C" transaction to an active case.
			(b) Program Type 1, Line 2, Method of issue must be blank.
071	F	Amount of Assistance Invalid	(a) Amount of assistance must be numeric.
			(b) The total amount of assistance issued must be equal to the deficit less recovery rate. (Unless method of issue = 2.)
			(c) Method of issue = 2 and amount of assistance does not equal master.
			(d) Method of issue = 2 and deficit was entered.
			(e) Method of issue = 2 and was entered on a "Z" batch.
072	C	SIN - Head Invalid	Must be numeric and valid.
073	C	SIN - Spouse Invalid	Must be numeric and valid.
076	F	Recovery Flag	Must be 0, 1, 2 or 3.
078	C	AISH Medical Code Invalid	Must be 1 alpha and 6 numeric.
079	F	Field Number Invalid	Keypunching or system error. Call your systems analyst.
080	F	Invalid Basic Allowance	Basic allowance exceeds maximum based on family composition shown.
083	F	New Trans for Existing Case	Attempting to process a new transaction for an existing active or inactive case.
084	F	Reopen for Active Case	Attempting to process a reinstatement for an active case.
085	A	Change for Inactive Case	Attempting to process a change to an inactive case.
086	F	Closure for Inactive Case	Attempting to process a closure for an inactive case.
087	F	No Match on File Number	Attempting to process any transaction other than a new type for a case which does not exist on the master.

B. CODES

3. DATA DECISION SHEET SYSTEM ERROR CODES (continued)

CODE	TYPE	MESSAGE	DESCRIPTION
088	F	No Match on DDS Date	The DDS date on the transaction does not match the date of the last DDS as indicated on the master.
090	W	Subrogation Flag	Must be 1 or 2 for Program Type 1 and 4.
106	F	Deletion for Active Case	An active case cannot be deleted from the master.
109	A	Reason for Application Changed	Head of family has reached 60 years of age and reason for application changed to age - Code 1.
111	A	Payroll Date Changed - 1	(a) A new, reopen, transfer to automatic pay, or increase transaction was processed too late to meet cutoff date. Automatic pay effective date is moved ahead one month. (b) The amount of the automatic pay or the amount of the increase is to be issued by the district office.
112	A	Payroll Date Changed - 2	(a) Change transaction processed too late for decrease in automatic pay rate. Payroll effective date moved ahead one month. (b) The district office will check for an overpayment.
113	A	Pay Closure Missed Cutoff	(a) A closure or transfer to district office issue transaction was processed too late to meet cutoff date. (b) The district office will check for an overpayment.
114	F	Assets Invalid	The sum of liquid and negotiable assets is (1) greater than $1,500 for a single unit (2) greater than $2,500 for a family unit and program type is other than 9 - AISH, straight/modified.
115	A	Medicare Number Missing Ben XX	Medicare number for beneficiary number XX is missing.
116	W	Missing Rate of Recovery	An amount of recovery has been coded but no rate. (R Flag = 2.)
119	F	Z Batch - Invalid Transaction	(a) Attempt to process a transaction affecting non-recovery information is invalid in a Z batch. (b) All Z batch transactions except ZL, ZM, ZP, ZQ, and ZY must be a change transaction
121	F	Applicant less than 16 years	Applicant is less than 16 years of age for Program Type 1 - Social Allowance.
123	W	Amount of Assistance Changed	Automatically changed.

B. CODES

3. DATA DECISION SHEET SYSTEM ERROR CODES (continued)

CODE	TYPE	MESSAGE	DESCRIPTION
127	F	Duplicate Needs Code	Same continuous needs code used more than once.
128	F	Duplicate Income	Same income code used more than once.
129	F	Invalid Recovery Batch No.	Batch number containing recoveries is an invalid Batch.
130	F	Recovery Area Exceeded	A reason for recovery code other than OP or RP was accepted in the edit program and the update program was not changed. Notify Systems Analyst please.
131	W	Recovery Rate Below Minimum	(a) If Program Type 1, recovery rate is less than $21. (b) Recovery rate is permitted to be less than (a) only if deficit less rate of recovery is $1.00. (c) If Program type 9 - AISH, recovery rate not equal to 10% of need code 16. (d) If Program Type 9 - AISH, modified, recovery rate not equal to 10% of coded total needs.
132	F	Outstanding Recovery on a Delete	Deletion is being attempted on a case in which a recovery exists.
133	W	Missing Recovery Amount	A rate of recovery has been coded but there is no amount of recovery.
138	F	Recovery Flag 3 Invalid	(a) Recovery flag changed to 3 not a ZT Batch. (b) Recovery flag changed from 3 still recovery rate zero. (c) Recovery flag changed to 3 not recovery rate zero.
139	F	Recovery Flag 0 Change Invalid	(a) Recovery rate change to zero not a ZT Batch. (b) Recovery rate changed to zero not recovery flag 3.
144	F	Band/Treaty Number	Treaty Indians not valid for Program Type 1 with need code 15.
149	F	Applicant less than 18 Years Old	Applicant less than 18 years of age for Program Type 9; AISH Straight/Modified or for Program Type 1 - Social Allowance where need code 15 is shown.
152	A	AHCIP Status Change	Changed from 1 to 2 when applicant turns 65, or chargeability = 2.
155	F	No match on CI Master	See report SDMA0700-2 for details.
156	W	Partial match on CI Master	See report SDMA0700-2 for details.

B. CODES

4. NAME OF DISTRICT OFFICES AND INPUT CODES - DAY CARE

DISTRICT OFFICE	CODE
Airdrie	563
Athabasca	201
Barrhead	102
Crowsnest	603
Bonnyville	204
Brooks	605
Calgary Radisson Centre	539
Calgary Simons Valley	506
Calgary Foothills	541
Calgary Willow Park	507
Calgary Alberta Place	537
Calgary Ranchlands	549
Camrose	408
Canmore	547
Drumheller	409
Grand Centre/Cold Lake	264
Sherwood Park	338
St. Albert	340
Edmonton Capilano Centre	342
Edmonton Hys Centre	343
Edmonton Fort Road	310
Edmonton South West	311
Edmonton Centennial Mall	312
Edmonton Westmount	313
Edson	314
Fort McMurray	215
Grande Cache	316
Grande Prairie	117
Hanna	418
High Level	119
High Prairie	120
Hinton	357
Lac La Biche	221
Leduc	356
Lethbridge	622
Lloydminster	248
Medicine Hat	623
Olds	424
Parkland County	344
Peace River	125
Red Deer	426
Rocky Mountain House	427
Slave Lake	128
Smoky Lake	229
Southgate	362
Stettler	430
St. Paul	231
Strathmore	559
Taber	658
Vegreville	232
Vermilion	233
Wainwright	434
Westlock	260
Wetaskiwin	435
Whitecourt	136

B. CODES

5. DAY CARE FAMILY NUMBER ASSIGNMENTS BY DISTRICT OFFICE

DISTRICT OFFICE	FAMILY NUMBER ASSIGNMENTS		
Calgary	10,000	-	19,999
Edmonton	20,000	-	29,999
Grande Prairie	30,000	-	32,999
Lethbridge	33,000	-	35,999
Medicine Hat	36,000	-	38,999
Red Deer	39,000	-	41,999
Camrose	42,000	-	43,999
Fort McMurray	44,000	-	45,999
Peace River	46,000	-	47,999
Athabasca	48,000	-	48,999
Barrhead	49,000	-	49,999
Crowsnest	50,000	-	50,999
Bonnyville	51,000	-	51,999
Brooks	52,000	-	52,999
Grande Cache	53,000	-	53,999
Edson	54,000	-	54,999
Drumheller	55,000	-	55,999
Hanna	56,000	-	56,999
High Level	57,000	-	57,999
High Prairie	58,000	-	58,999
Lac La Biche	59,000	-	59,999
Olds	60,000	-	60,000
Rocky Mountain House	61,000	-	61,999
St. Paul	62,000	-	62,999
Slave Lake	63,000	-	63,999
Smoky Lake	64,000	-	64,999
Stettler	65,000	-	65,999
Vegreville	66,000	-	66,999
Vermilion	67,000	-	67,999
Wainwright	68,000	-	68,000
Wetaskiwin	69,000	-	69,999
Whitecourt	70,000	-	70,999
Lloydminster	71,000	-	71,999
Westlock	72,000	-	72,999
Hinton	73,000	-	73,999
Taber	74,000	-	74,999
Claresholm	75,000	-	75,999
Leduc	76,000	-	76,999
Capilano Centre	80,000	-	89,999
Radisson Centre	90,000	-	94,999
Foothills	95,000	-	99,999

B. CODES

6. MUNICIPAL CODES

MUNICIPALITY	CODE
CALGARY	100
EDMONTON	200
AIRDRIE	300
ATHABASCA	301
BANFF	302
BARONS-EUREKA	
- COALDALE	303
- TABER	304
BARRHEAD	305
BONNYVILLE	306
BROOKS	307
CAMROSE	308
CANMORE	309
CLARESHOLM	310
CROWSNEST PASS	311
DRUMHELLER	312
ELK POINT	313
FLAGSTAFF	314
FORT CHIPEWYAN	315
FORT MCMURRAY	316
FORT SASKATCHEWAN	317
GRAND CENTRE/COLD LAKE	318
GRANDE CACHE	319
GRANDE PRAIRIE	320
- HYTHE	321
- BEAVERLODGE	322
HANNA	323
HIGH LEVEL	324
HIGH PRAIRIE	325
- SLAVE LAKE	326
JASPER	327
LAC LA BICHE	328
LACOMBE	329
LEDUC - TOWN	330
- COUNTY	331
- DEVON	332
- BEAUMONT	333
LETHBRIDGE	334
MEDICINE HAT	335

B. CODES

6. MUNICIPAL CODES (continued)

MUNICIPALITY	CODE
NORTHERN ALBERTA	336
- PEERLESS LAKE	337
- TROUT LAKE	338
OLDS	339
PEACE RIVER	340
PROVOST	341
RED DEER	342
SMOKY RIVER #12	343
- DONNELLY	344
- FALHER	345
- GIROUXVILLE	346
- MCLENNAN	347
STETTLER	348
ST. ALBERT	349
ST. PAUL	350
STRATHCONA	351
STRATHMORE	352
GLEICHEN	353
VEGREVILLE	354
VERMILION RIVER	355
- LLOYDMINSTER	356
VERMILION	357
WAINWRIGHT	358
WETASKIWIN	359
WESTLOCK	360
WHITECOURT - FOX CREEK	361
WILDWOOD	362
STURGEON	363
- LEGAL	364
- MORINVILLE	365
PARKLAND	366
- DRAYTON VALLEY	367
- SPRUCE GROVE	368
- STONY PLAIN	369
EDSON	370

B. CODES

7. REASON FOR RECOVERY CODES
(For Use on SSCH 502 or SSCH 322)

a. Overpayments

An overpayment means an amount by which the social allowance or AISH benefit received by the recipient exceeds the amount of social allowance or AISH he was actually entitled to receive.

CATEGORY	REASON	SSCH 502 OVERPAYMENT CODE	SSCH 322 OVERPAYMENT CODE	RECOVERY CODE APPEARING ON TURNAROUND DDS
Unreported Income	Earnings from employment	11	11	
	Maintenance payments	12	12	
	Rental or room and board income	13	13	
	Unemployment insurance	14	14	
	Training allowance	15	15	
	Pension	16	16	
	Other income (Specify)	30	30	OP
Excess Assets	Cash or bank account	31		
	Real property	32		
	Investment	33		
	Vehicle(s)	34	N/A	
	Life insurance: cash surrender value	35		
	Other assets (specify)	40		
Other	Duplication of assistance/ AISH benefits	41	41	
	Deletion of dependant	42	N/A	
	Reduced budget requirement	43	43	
	Change in marital status	44	N/A	
	Ineligible for social allowance as client out of province or in jail	45	45	

b. Repayments

A recipient may be required to repay any or all of the benefits provided under the social allowance program. A repayment may be taken when benefits are knowingly issued as a duplicate issue, when social allowance is issued on the condition of reimbursement to the department, or when the department is making collections on Default Judgements.

REASON	REPAYMENT CODE	RECOVERY CODE APPEARING ON TURNAROUND DDS
Mismanagement of budget	82	
Lost or stolen cash	83	
Default judgements	84	RP
Benefits authorized, subject to repayment, as additional needs, exceptional considerations or by appeal committee	85	

NOTE: Damage and utility deposits are to be repaid to the department. No code is given for these benefits as the amounts issued for these items will be entered onto the DDS through central office.

B. CODES

8. MAINFRAME ERROR MESSAGES FOR DOC

OLD CODE NUMBER(S)	NEW ERROR CODE	MESSAGE	ERROR TYPE	RULE VIOLATED
953	801	No Matching Master File	R	File number must exist on the DDS master.
914,972, 973	802	Invlaid Cheque Number	R	Cheque number must be 2 apha, 6 numeric and must pass the algorithm check. First letter must be F.
907	803	Invalid File Number	R	Must be 6 numeric.
-	804	Invalid CD Field	R	If Trans. type = E, must be W or blank. If Trans. type = S, must be 'X', 'Y', 'Z', and not blank. If Trans. type = J, must be 'W', 'X', 'Y', 'Z', or blank.
910,916,923	805	Invalid Date	R	Must be numeric and a valid date, and cannot be blank.
910	806	Issued After Current Month	R	Issue date must not be later than current month (i.e., run month).
916	807	Issued 2 Mo Before Period Asst	R	Period of Assistance must not be more than one month later than issue date (Period of Assistance minus Issue Date must be less than 2).
916	808	Period Asst 2 Mo After Run Mo	R	Period of Assistance must not be later than current (i.e., run) month plus one (Period of Assistance minus Run month must be less than 2).
917	809	Invalid Need/Inc Code or Amt	R	Must be in range 11-21, 98 and 99 for Needs; must be in range 31-43, 98 and 99 for Incomes (If Issue Date is prior to cut-off date, then must edit against old need/income codes).
965	810	Needs Minus Inc Not = Cheq Amt	R	Needs minus income and recoveries must equal cheque amount.
924	811	Invalid Field For Void Cheque	R	The only fields allowed on Void cheques are: File number, Cheque number, Document Type, Issue Date, and District Office number. The file number must be zeros.

B. CODES

8. MAINFRAME ERROR MESSAGES FOR DOC (continued)

OLD CODE NUMBER(S)	NEW ERROR CODE	MESSAGE	ERROR TYPE	RULE VIOLATED
972	812	Invalid Need/Inc Expend Code	R	If Issue Date is prior to cut-off date, the expenditure codes must be validated against the old need/income codes. If Issue Date is after the cut-off date, the expenditure codes must be validated against the new need/income codes. This applies only to Journal Vouchers and corrections on Journal Vouchers.
974	813	Invalid Input Code	R	Must be a valid input code for the file number. (J.VS only as above)
913	814	Invalid Field Number	R	Must be in range 001-027 (025 no longer restricted to Family Allowance) (022 should not be used in RDE but should be left as valid).
925	815	Duplicate Field Number	R	A field number must only appear once.
926	816	Field No Conflict With N/I Code	R	Income Code 98 must be in field 027. Income Code 99 must be in field 026. Codes 98 and 99 cannot be in any income field.
919	817	Invalid District Office Number	R	District Office number must be numeric and valid.
-	818	DO's 82-84 Cannot Issue AISH	R	If program type = 9 and DO = 82, 83, or 84, then need codes 16 and 21 are not allowed.
-	819	JV Other Half in Error	R	If one side of the Journal Voucher rejects, both will be retained in the reject file until the error is cleared.
-	820	JV Other Half is Missing	R	If one side of the Journal Voucher is missing, the other half will be retained on the reject file until the missing half is accepted.
922,954	901	No Match on Client Name	R	The first 4 characters of the payee name field on the DOC document should agree with the first 4 characters of the client's name on the DDS.

B. CODES

8. MAINFRAME ERROR MESSAGES FOR DOC (continued)

OLD CODE NUMBER(S)	NEW ERROR CODE	MESSAGE	ERROR TYPE	RULE VIOLATED
912	902	Cheque Amount Exceeds $1500	W	Cheque amount should not be more than $1500.
910	903	Issue Date Over 5 Months Old	W	Date of Issue should not be more than 5 months earlier than run date (run date minus Date of Issue should be less than 6 months). Only for 'E' type documents.
910	904	Issued 4 Mo After Period Asst	W	Date of Issue should not be later than Period of Assistance by more than 3 months (Issue Date minus Period of Assistance should be less than 4).

PART XIII - FORMS

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SSCH 9 REQUEST FOR INFORMATION (UIC)

1. Purpose

The purpose of this form is to obtain and confirm information regarding a client's status regarding eligibility and application for unemployment insurance benefits.

2. Use

Whenever there is some question of a client's eligibility for unemployment insurance benefits.

3. Special Instructions

Standard

Upper portion of form is completed by social worker. The address of the local UIC is to be completed. Form is conveyed to UIC by mail or by client and returned to social worker after being completed by UIC employee.

4. Distribution

Original form returned from UIC is retained on recipient's district office file.

5. Applicable Part of the Manual

Part I Social Allowance 8, K.

SSCH 12 HOME REPAIRS INFORMATION AND DECISION SHEET

1. Purpose

The presentation of requested home repairs, and to record information, evaluation and decision relating to the repairs.

2. Use

Complete when a recipient requests home repairs. Determine and identify ownership of property. Determine if repairs are warranted and within policy, then itemize. Recipient is to obtain quotations. Since there are exceptions, carefully review the appplicable manual section.

3. Special Instructions

Standard

Must be reviewed by casework supervisor or district manager. All requests for repairs over $1,200.00 must be referred to the area manager.

4. Distribution

Original to area manager.

One copy on the district office file.

5. Applicable Part of the Manual

Part I Social Allowance 6, A, 9.

SSCH 17 REQUISITION FOR CHEQUE (DISTRICT OFFICE CHEQUE)

1. Purpose

To prepare a cheque for a client.

2. Use

SSCH 17 is used when recipients are not put on automatic pay in conjunction with the SSCH 18SA as alternate methods of district office issue.

Standards

3. Special Instructions

a. Name

Print clearly in BLOCK LETTERS the name of the applicant (client). Start with the last name first in the first box. If the name of the payee is different from the applicant, indicate the name of the payee in the comments section of the form. Include the full name where possible, do not use initials except where the name is exceptionally long. DO NOT write the name of the applicant (client) outside of the space or put more than one letter in a box.

Never use Mr., Mrs., or other titles in the name.

b. Period of assistance

The period of assistance is the month and year for which assistance is to apply. If the period covers an interval of two months (e.g., January 15 to February 15), a separate cheque must be issued for each calendar month.

In all cases, code a leading zero when the month is less than 10.

c. File number (suffix)

A file number must be obtained by contacting client index. An active DDS must be accepted in the computer system.

d. Type

For use by the computer, is a preprinted E. Requires no coding. This indicates to the computer the type of transaction.

e. C D

Check digit field is to be left blank.

f. Date issued and district office code

The date issued is the date which appears on the cheque and is to be filled in by the head clerk after the cheque has been completed. Code for the district office issuing the cheque is to be inserted.

As on the DDS where the day or month is less than 10, fill in the leading space with a "0".

g. Needs

The needs codes to be used are the same as for a DDS.

h. Income

As with needs, income is to be coded as for a DDS. The income codes which may be used are the same as for the DDS in all instances, with the inclusion of recovery codes 98 and 99. This recovery amount would equal the monthly recovery rate.

i. Cheque amount

The cheque amount is the actual amount for which the cheque is to be issued. Total needs less total income including overpayments and repayments must net to the actual amount of the cheque.

j. Comments section

The comments section is used to relate client circumstances at the time the district office cheque is being issued; to provide clarification of special circumstances relating to the cheque; to provide an explanation of needs codes; and to clarify circumstances where the name of the payee differs from the applicant (trustee or guardian).

The comments section will not be used for such items as transfer summaries and annual reviews.

k. Social worker's signature and date of requisition

When the social worker completes the requisition portion, he is to sign the requisition and enter the date on which the requisition is completed and insert his employee number.

l. Completing the cheque

The cheque, which forms the bottom third of the application for cheque form, is to be completed by the clerk typist. The following items are to be typed:

(i) The date: which may be different from the date of application for cheque and must be post-dated to no earlier than two banking days before the month end preceding the month for which the cheque is to apply.

(ii) The name of payee: applicant (client), or trustee, or third party.

(iii) The dollar amount of cheque: from the cheque amount.

After these three fields have been typed, the written amount of the cheque shall be inserted with the cheque writer.

In the event that a cheque writer breaks down or is not available the following procedure is to be used:

When typing the written amount of the cheque, the amount must be preceded and followed by a string of asterisks (*), and the spaces between words are to be filled with hyphens. No spaces are to be left.

Example: ***************ONE-HUNDRED-TWENTY-FIVE********* $\frac{00}{100}$

When the payee is other than the applicant, on the cheque, additional information is required. This information is entered on the line above the Name of the Bank. It will contain the applicant's name, rent or utilities and period of assistance.

m. Authorized signatures

After the cheque has been completed, the form shall be handed to the first signing authority (normally the head clerk) who will ensure that the cheque has been properly completed, and then sign the cheque.

Following the first signature, the cheque will be countersigned by the district manager, assistant district manager, casework supervisor or social worker who will then ensure that all necessary signatures are on the requisition and the cheque. Where authority to provide specific benefits is restricted, the authorizing person's signature must appear on all copies of the district office cheque.

The head clerk will then deliver the cheque to the client or social worker. The head clerk will retain the copies of the cheque and all the requisition for cheque forms for filing and further processing by the cash clerk who submits the document to central office until implementation of Remote Data Entry (RDE).

n. Sequence

The sequence field appears only on the copies of the requisition for cheque, and is to be completed by the person preparing the documents for central office. This field indicates which document it is with respect to other documents in a batch to be sent to central office (e.g., the third document in a batch would be numbered 03, the fourth 04, etc.).

The sequence number also corresponds to the number on the "Batched Documents Transmittal" form, SSCH 88, except where RDE procedures apply.

4. Distribution (Except Where RDE Procedures Apply)

Original cheque to client.

Requisition to cashier to be ditributed as follows:

- original (less cheque portion) is sent by regular mail (not batched) to central office for filing.
- 1st copy is batched and sent to Income Security Accounts, central office.
- 2nd copy is retained on district office file.

5. Applicable Part of the Manual

Part I Social Allowance.
Part II Guardian Social Allowance.
Part III Assured Income for the Severely Handicapped.

SSCH 18SA AUTHORIZATION AND INVOICE

1. Purpose

To authorize a supplier to provide required goods and services to social allowance recipients in instances where a cheque and/or medical services card is not issued.

2. Use

a. Is used to provide goods and services to social allowance recipients.

b. Is used when specified in policy for the provision of certain benefits.

Standards 3. Special Instructions

a. Vendor's name

Vendor's name and address will be clearly shown: care shall be taken to show the full name of the vendor, the correct spelling of the vendor's name and the correct address including postal code. Vendor's name must not be replaced by third party names e.g., caretaker for a landlord. Information must be typed or printed legibly. "White-outs" must not be used on this document.

b. Recipient's name and address

Indicate only the recipient's name and address in full. Client's signature must appear at the top of the SSCH 18SA in the space provided.

c. Signature of issuing officer

Signature of person authorized to approve issue. The signature and title of the person with the appropriate authority must appear on this line.

District Office - location of the signing authority must be shown.

Telephone Number - to be shown so vendor or Vouchers Payable, Income Security Accounts, may contact person issuing goods or services.

The issuing officer must check the appropriate regional office box under "Note to Supplier" to ensure that the vendor invoices the appropriate region for payment.

d. Description of goods and services authorized

Give concise description of goods and services.

e. Authorized amount in numerics

f. Authorized amount in words

g. Vendor's invoice

This section must be completed by the vendor in lieu of attaching their own invoice.

h. Name of recipient

Name of recipient in block letters. Show surname first.

i. Needs code and amount

The Needs Code for goods or services for which the voucher is being issued must be shown. The needs, income, overpayment, repayment, codes are the same as for the DDS D.O. cheque, and the same rules apply.

j. File number (and suffix if Guardian Social Allowance)

k. Application reason

When a SSCH 150 is used for Transient issue, print "T" in block letters. For all other application reasons use DDS codes. If short-term assistance is provided through SSCH 937, a SSCH 18SA must be used. This field will then contain the letters S.T., to indicate short-term assistance.

l. Date issued

Date the voucher is issued (do not back date or post date).

m. Period of assistance

Period of assistance for the needs.

n. Supplier's signature

Voucher will not be processed for payment until vendors signature and business stamp or printed name appears on this line. Vouchers unsigned by vendor will be returned to vendor by Vouchers Payable, Income Security Accounts.

o. Recipient's signature

(i) The recipient's signature certifying receipt of goods or services is required in all cases, (vendor's responsibility) except for (a) taxi, drug authorizations and medical examinations less than $50 (if the cost of services is in excess of $50, the recipient's signature verifying receipt of service will be required on either the Authorization and Invoice, SSCH 18SA or on a receipt which is attached to the authorization when submitted for payment), and for (b) moving accounts where an attached receipt, signed by the recipient, will be acceptable.

When a recipient is unable to sign, he is to make his mark which must be witnessed.

(ii) Except for vouchers where recipient's signature is exempted, vouchers unsigned by recipient will be returned to the District Office by Vouchers Payable, Income Security Accounts, for signing by the Social Worker on behalf of the client.

The client's signature indicating reciept of good/services, must match the client's signature at the top.

4. Distribution

Original (canary) and second (pink) copies to vendor. Third (white) copy filed on client's file.

5. Applicable Part of the Manual

Part I Social Allowance.
Part II Guardian Social Allowance.
Part III Assured Income for the Severely Handicapped.

SSCH 25 DATA DECISION SHEET (DDS)

1. Purpose

The purpose of this form is to record statistical and financial information and to compute the social allowance entitlement or handicap benefit of the recipient. The information compiled from the DDS system is also used for budgeting, program planning and management.

The DDS is the input document for the DDS computer sub system. It is designed to use the "turnaround" concept, i.e. the computer prints a DDS to show exactly what is on the master file. This "turnaround" must be used rather than completing a new DDS except when the "turnaround" DDS is lost, misplaced or mutilated.

Only the unshaded areas are to be used when completing the "turnaround" DDS. It should always be hand printed rather than typed to avoid confusion with the printing done by the computer.

Standards 2. Use

a. Transaction code field

Identification:

Designates the type of transaction to be processed by the DDS.

Instructions:

Record proper one character code each time a DDS is completed. There may be only one type of transaction per DDS.

(i) New Application: If a person has not been on assistance before or if a new file number has been assigned by Client Index for a previous recipient, a Social Allowance Application form SSCH 39 is completed and the DDS transaction code is "N". If a previous recipient applies and it is confirmed by central office recording section that the old file can be reopened, see reopen transaction.

(ii) Cancel: Record an "X" on a "turnaround" DDS to cancel an active case. The cancel date and reason must be shown. Changes to the mailing address or location section only of the DDS will be accepted on a cancel transaction.

(iii) Reopen or Reinstate: Record an "R" on a "turnaround" DDS to reopen a closed case. Reflect necessary changes to other information. A new application form SSCH 39 is required if the case has been closed for more than twelve months before reopening, but the transaction code is "R" for "Reopen".

(iv) Change: Record a "C" on a "turnaround" DDS to change any information on an active case. If information is to be deleted, record "X" in the field to be deleted.

Cross Reference:

(i) New case - all sections of DDS.

(ii) Cancelling a case - cancel date, previous DDS date.

(iii) Reopening case - reopened date, application reason, any other section of DDS requiring change, previous DDS date.

(iv) Changing case information - any section of DDS requiring change, previous DDS date, change date required.

Coding:

See Part XII Rate Schedules and Codes, B, 2(1).

b. Case identifying information

(i) File Number

Identification:

The basic file number is six digits long and is generated automatically by Client Index. District offices are to obtain file numbers by phoning Client Index in central office. The "turnaround" document will always contain the file number. Guardian Social Allowance are identified by the use of a suffix, S01, S02, etc.

Instructions:

When recopying file numbers of less than six digits, add leading zeros to make the file number six digits.

Coding:

File number assigned by Client Index.

(ii) SIN of Applicant/Spouse

Identification:

Social insurance numbers of the applicant and spouse if applicable.

Instructions:

Record the 9 digit social insurance number of the applicant on all new cases. If the applicant has a spouse who is considered as part of the assistance unit, record her number if she has one.

Note: Built into the computer program is a check to determine whether the social insurance number is valid or invalid. Only valid numbers will be recorded.

Change: The only type of change that should occur is to record a number previously not available or to delete spouse's number if no longer a part of the family unit.

To delete spouse's number, show XXX's in the information field to be deleted.

(iii) Name of Applicant

Identification:

The surname and the given name of the head of household. Maximum number of characters is 30.

Instructions:

Print the surname, given name and initials of the head of household. ALWAYS SURNAME FIRST. Do not use forms of address such as Mr., Mrs., Dr. A comma must be shown after the surname.

Cross Reference:

Family information ben. #00.

Change: See ADC.

Note:

- If a male family member exists (husband), he will always be coded under family information as ben. #00, even if the wife is the applicant. In this case all information concerning ben. #00 will apply to the male. If no male exists, the female applicant becomes ben. #00.
- If a husband and wife are living apart due to the husband being out of the home for reasons such as looking for work, in jail, in active treatment hospital, and such absence has been for a period of less than 90 days the DDS must be completed in the same manner as if he were living with his wife except that his wife may be reflected as trustee.

(iv) Name of Trustee

Identification:

The name of the person, who by appointment on the application form, has agreed to look after the affairs of the beneficiaries. Maximum umber of characters is 30.

Instructions:

Record full name of trustee as shown on the social allowance application form showing surname first. Always show surname first, do not use forms of address such as Mr., Mrs., Dr.

Cross Reference:

Mailing address.

Change:

1. To record a change in trustee, record new trustee on "turnaround" DDS.
2. To record a deletion of a trustee, place "X"s in the information field.

(v) Mailing Address and Postal Code

Identification:

The mailing address to which all correspondence including cheques is to be mailed.

Instructions:

Record the mailing address of the applicant in full if there is no trustee. If there is a trustee, record the mailing address of the trustee if different from applicant's address. Record the postal code in space provided. The postal code must be submitted with each address change, even if the postal code has not changed.

Cross Reference:

District office.

Change: Record new address in full. Always include postal code when changing address.

c. Location

(i) District Office

Identification:

This is a two digit code representing the district office area.

Instructions:

Record the two digit number which has been assigned.

Cross Reference:

Address.

Coding:

See Part XII Rate Schedules and Codes, B, 2(2).

(ii) Unit

Identification:

A one digit alphabetic character assigned to an administrative unit within large district offices.

Instructions:

For those district offices having unit designations record the assigned letter.

To record a change show new unit number.

Cross Reference:

District office.

Coding:

To be determined by district office. (Do not use Unit "X").

(iii) Caseload

Identification:

A two digit number assigned to a particular caseload within a district office or unit.

Instructions:

Record numbers using 2 numerical digits.

To record a movement from one caseload to another, show new 2 digit caseload number.

Cross Reference:

District office, unit.

Coding:

To be determined by district office.

d. Family information

(i) Beneficiary Number

Identification:

A two digit number used to designate a beneficiary in the family unit.

The purpose of the beneficiary number is to facilitate identification of a beneficiary when making changes to beneficiaries or adding new ones.

Instructions:

Record proper ben. number for head and spouse and assign ben. numbers in order for other dependents.

The DDS allows for 10 beneficiaries. If there are more than 10 in a family unit, a blank DDS is used for continuation of family information and is attached to the first DDS. The only other information required on the "continuation" DDS is the file number and the name of the applicant/recipient. A statement such as "Family Information Continued on the Attached DDS" must be made in the comments section of the first DDS.

Cross Reference:

All family information fields.

Coding:

See Part XII Rate Schedules and Codes, B, 2(3).

(ii) A.D.C.

Identification:

To add, delete or change a beneficiary line in the family information section.
Note: Leave this column blank when completing a DDS for a new transaction.

Instructions:

Print the proper code in this column when making a change to an existing case.

Note:
1. Do not use A or D for head of houshold (that is, ben. #00). If the head of household changes, a new application has to be taken, a new DDS completed and subsequently a new file number will be assigned by Client Index.
2. Any number of ADC codes may be used on the same DDS except you may only use the same beneficiary numbers once.

Cross Reference:

All family information fields.

Coding:

See Part XII Rate Schedules and Codes, B, 2(4).

(iii) Initials

Identification:

The initials of each member of the family unit who qualify for assistance.

Instructions:

Print the initial for first and second name of each beneficiary.

Note: Maximum of two characters.
Cross Reference:

All family information fields.

(iv) Birthdate (Day, Month, Year)

Instructions:

Record the date of birth in the day, month and year columns for each member of the family unit using 6 digits, 01 to 31 for the day, 01 to 12 for the month and the last two digits of the year.

Cross Reference:

All family information fields.

(v) Sex

Instructions:

Identify each member of the family unit as either male or female.

Cross Reference:

All family information fields.

Coding:

See Part XII Rate Schedules and Codes, B, 2(5).

(vi) Bud Stat (Budget Status)

The budget status field is optional. It can be used as a basic allowance alert.

To remove any codes from the budget status field, enter a 0 (zero).

If you do not wish to use the budget status field, enter 0's (zeros) where applicable.

Coding:

See Part XII Rate Schedules and Codes, B, 2(6).

(vii) AHCIP Number

Identification:

Record the full 11 digits obtained from the client's card or confirmed number from Alberta Health Care for the beneficiary number 00 and record the last three digits only for all other beneficiaries if the first eight digits are the same as the applicant's numbers. Indicate the common first eight digits by use of an arrow. If the first eight digits of any other beneficiary are different from the applicant's, then record the full 11 digits for all beneficiaries.

e. Financial section

Note: If a change occurs in either continuous needs or income, the entire section must be completed. This includes the rate of recovery, recovery reason (OP or RP) and method and amount of assistance.

All amounts entered in the financial section will be rounded so that only 00 appears in the cent column. The following procedure is used in rounding:

Continuous Needs	- If a cent figure is included in the amount, round up to the next dollar; i.e., if taxes are exactly $44.24 per month, the rounded amount entered on the DDS will be $45.00.
Income & Recovery Amount	- Cent amount is rounded down; i.e., if income is $534.60 per month, $534.00 is entered on the DDS.

The financial section of the DDS no longer requires completion if the client is on district office issue.

Only one method of payment will be allowed on the DDS, i.e. automatic pay (payroll). Only method of payment "Code 1" should be used.

When the method of payment for a case is district office issue (cheque or voucher), a DDS must be completed if either the case is new, reopened, or closed, or the case is open and non financial information has changed. The needs and income sections must not be completed for any DDS submitted for a case where the method of payment is district office issue.

(i) Continuous Needs

Identification:

Indicates the recurring monthly requirements of a family unit.

Instructions:

For continuous needs fill in the name, code and monthly amount. Sum all continuous needs and enter the total in space allocated.

Cross Reference:

All sections.

Coding:

See Part XII Rate Schedules and Codes, B, 1(1).

(ii) Income

Identification:

The monthly revenue or allowance deemed available to a family unit from sources other than social allowance.

Instructions:

Record the description of the income, the code, amount and total.

Note:
1. Income codes may not exceed five. If more than five incomes, lump small incomes under Code 43.
2. If one item changes, the entire needs and income section, recovery rates and method and amount of assistance must be completed.
3. If no income leave total blank.

Cross Reference:

All sections.

Coding:

See Part XII Rate Schedules and Codes, B, 1(2).

(iii) Budget Deficit/Surplus

Identification:

The difference between the total continuous needs and total income.

Instructions:

Subtract the total income from the total need and record the difference in dollars. Strike out the word deficit or surplus as required.

Note: Whenever there is an entry in the needs and/or income section, the budget deficit/surplus must always be entered.

Cross Reference:

Continuous needs, income.

(iv) Recovery Section

Identification:

All overpayments as well as specified repayments will be recorded on the SSCH 502 (see Part VIII, Recoveries). A DDS must be submitted with each SSCH 502 completed at the district office or to enter or change the rate of recovery. The computer system will keep a record of all amounts which a recipient owes whether or not a recovery is being made.

Note: No SSCH 502 is required for damage and utility deposits as these items will be entered onto the DDS by Income Security Accounts. However, a DDS must be submitted to enter or change the rate of recovery.

Recovery Amount:

The "Recovery Amount" may represent one of the following:

1. the total amount of repayment or overpayment at the commencement of the recovery,

2. the outstanding amount to be recovered on an existing recovery on the reopening of a file, or

3. the outstanding balance owing on the effective date of closure when a closing transaction is submitted.

4. An excess amount recovered or an amount owing has not been entered onto the DDS if a minus (-) sign appears next to the recovery amount.

   If the current balance owing is required, or if a minus (-) sign appears next to the recovery amount, the district office is to telex or phone Revenue Accounts.

Date of Recovery:

The date of recovery represents the month in which the most recent recovery transaction was completed.

Reason for Recovery:

Coding:

See Part XII Rate Schedules and Codes, B, 2(7).

1. In all cases where a SSCH 502 is attached to the DDS, the "Reason for Recovery" field is to be left blank when submitting the DDS.

2. In all cases where a DDS is being submitted without a SSCH 502 and the financial section is being updated, the recovery codes OP or RP are to be used if a rate of recovery is entered.

Rate of Recovery:

The monthly amount by which the outstanding recovery amount is to be reduced.

1. When rate of recovery exceeds the outstanding recovery amount, the rate is automatically made equal to the outstanding amount and
    - when a case is on automatic pay the amount of assistance is increased by the difference between the outstanding amount and the old rate of recovery and the district office is alerted on the turnaround DDS.
    - when a case is receiving district office issue, the district office will be alerted on the turnaround DDS that the amount of district office issue should be increased accordingly.
2. When the amount of recovery is fully repaid, district offices are also alerted to this on the turnaround DDS according to the rules set out in 1.
3. In instances where the recovery is made in full on one line and there is a recovery on the other line, the computer will generate a turnaround DDS with the message "Rate of Recovery Automatically Switched" in the comments section. The rate of recovery will then be the total of the recovery rate(s) on the previous DDS.

Instructions:

1. Completion of the DDS

If the recovery is to commence immediately, all necessary fields of the DDS are to be completed and submitted with the SSCH 502 or without the SSCH 502 for damage or utility deposits. In the recovery section of the DDS only the rate of recovery and the reason for recovery fields are TO BE COMPLETED.

In instances where the maximum recovery rate is being used to recover an overpayment and a subsequent repayment arises, no additional recovery will be made but the amount of the repayment will be entered into the DDS system by central office.

In cases where the recovery action is being deferred and where there are no other changes to report on the DDS the turnaround DDS submitted (with the SSCH 502 or without the SSCH 502 for damage or utility deposits) need only have the transaction code "C" entered into the field. The current date should be entered into the "Change Date" field and in the date line under the comments section. The DDS must also be signed by the social worker.

2. Changes in Rate of Recovery

In instances where there is a change in a clients circumstances and a social worker wishes to change the rate of recovery, the following codes will be entered into the "Reason for Recovery" field and the new rate will be entered into the "Rate of Recovery" field.

Code OP - to change the rate of recovery on overpayments.
Code RP - to change the rate of recovery on repayments.

Cross Reference:

Continuous needs, income, deficit, method and amount of assistance.

(v) Method and Amount of Assistance Issued

Identification:

The administrative method and amount of assistance issued to a family unit.

Instructions:

Record the method code and the amount in dollars to be issued. The amount of assistance issued is equal to continous requirements less income and monthly rate of recovery if one exists. In other words, assistance to be issued is equal to deficit minus monthly rate of recovery.

Cross Reference:

Financial section, automatic pay effective date.

Coding:

See Part XII Rate Schedules and Codes, B, 2(8).

Special Instructions:

A new case can be recommended for automatic pay immediately as long as the payroll effective date is filled in, in accordance with, and in time to meet, cutoff dates.

f. Assets

Identification:

The dollar value of all property owned, as outlined in Part I, Social Allowance 5, A.

Note: If the amount to be entered under administrative exemption exceeds five digits, enter 99999 as the amount. The full amount is to be indicated on the SSCH 73 and the administrative exemption form.

(i) Liquid Assets

For social allowance assets which are or can be converted into cash such as

- cash on hand,
- savings account(s),
- other bank account(s), and
- government bonds.

For AISH if the client does not divulge his assets, 99999 should be entered in the liquid asset field.

(ii) Negotiable Assets

Assets which cannot be immediately converted into cash such as

- case surrender value of life insurance policy(s),
- money in trust or held by other people,
- stocks, shares and othe bonds,
- car or truck,
- assessed value of property or land (other than the home the applicant lives in),
- other assets such as basic cattle herd, and
- other vehicles.

(iii) Administrative Exemption

Where asset limits are exceeded the district administrator may exempt assets which are of rehabilitative nature and where the applicant has the potential to be self supporting within a reasonable period of time. If assets such as

- car or truck,
- market value of other property or land, and
- other assets

are exempted by the administrator, the value is to be included under this category instead of under negotiable assets.

Instructions:

Record the actual or market value in dollars only in the proper category.

Note: Do not record cents.

Cross Reference:

Accommodation

g. Program type, chargeability, etc.

(i) Program Type

Identification:

Designates the program under which the case falls.

Instructions:

Record the appropriate one digit program type code.

Cross Reference:

Financial section, method and amount of assistance issued.

Coding:

See Part XII Rate Schedules and Codes, B, 2(9).

(ii) Chargeability

Identification:

Identifies whether the province is responsible for financial assistance provided or whether the financial responsibility rests with a municipality or the Federal Government. If chargeability is code 2, 3 or 4 a medical card will not be provided.

Instructions:

Record the proper one digit code.

Cross Reference:

Reason for application.

Coding:

See Part XII Rate Schedules and Codes B, 2(10).

(iii) AHCIP Status

Identification:

To designate whether the recipient will cover his own medicare premiums, e.g., through his employer's group, or whether the recipient will be covered through the social allowance program.

Instructions:

Record the applicable code.

Cross Reference:

AHCIP numbers.

Coding:

See Part XII Rate Schedules and Codes B, 2(11).

h. Statistics

Note: If male (husband) is present in the family, his information is to be placed under "head" even if female is the applicant. If no male exists, the female's information is placed under "head". This applies to the following statistical fields.

(i) Accommodation

Identification:

Designates the type of accommodation in which the family unit resides.

Instructions:

Record the appropriate two digit code.

Cross Reference:

Assets, continuous needs.

Coding:

See Part XII Rate Schedules and Codes B, 2(12).

(ii) Employment Status - Head/Spouse

Identification:

The present circumstances with regard to being a member of the labor force.

Instructions:

Record the appropriate code for the head of the household and spouse.

Cross Reference:

Reason for assistance, income.
Coding:

See Part XII Rate Schedules and Codes B, 2(13).

(iii) Treaty Number

Identification:

The treaty number of ben. #00 if registered as Treaty Indian with the Department of Indian Affairs, regardless of the chargeability involved.

Instructions:

Record the second, third and fourth digits of ben. #00's Department of Indian Affairs family number if applicant is a Treaty Indian. Otherwise leave blank. If this information is not available, contact central office by telephone, memo or telex (revenue accounts, grants, claims and receivable unit) for the number.

Cross Reference:

Chargeability, band number.

Note: Indian Affairs has commenced issuing four digit treaty numbers. As the computer field will only accept three digits, please use only the last three digits of the treaty number on the DDS. The full four digit number is to be indicated in the comments of the DDS.

(iv) Band Number

Identification:

The band number and agency number of the applicant's band if he is a Treaty Indian.

Instructions:

Record the three digit agency number followed by the two digit band number as outlined in the code list in Section 6. If ben. #00 does not know his band name or if the name does not appear in the list, this information can be obtained by contacting revenue accounts, grants, claims and receivable unit in central office.

Cross Reference:

Chargeability, treaty number.

Agency or District Codes and Band Codes for Treaty Indians in Alberta - see Part XII Rate Schedules and Codes B, 2(14).

i. Dates and reasons

(i) Application Date and Reason for Assistance

Identification:

The effective date on which a family unit qualifies for assistance and the ben. #00's reason for assistance.

Instructions:

Record the effective date of application using six digits. Record the ben. #00's reason for assistance.

Cross Reference:

All sections on a new case. On a change, employment status, effective date of change.

Coding:

See Part XII Rate Schedules and Codes B, 2(15).

(ii) Cancel Date

Identification:

The effective date of closing a case. A case will be considered closed on the last day of the month in which assistance was last issued.

Instructions:

Record the date using six digits.

Cross Reference:

Transaction code.

(iii) Reopen Date

Identification:

The effective date of reopening a case on the computer master file.
Instructions:

Record the effective date of reopen. Use the last turnaround DDS in the case file.

Cross Reference:

Reopen date refers to all completed sections of the DDS particularly to the financial section.

(iv) Payroll Date

Identification:

The effective date (first day of a month) of placing the case on automatic pay.
Instructions:

Record the date using six digits.

Note: A case can be recommended for automatic pay at the time of initial application if the assistance unit appears to be a long term case as long as the effective automatic pay date is in accordance with established cutoff dates (see instructions on cutoff dates, Part X, Procedures F).

Cross Reference:

Method and amount of assistance issued.

Change: If for example the automatic pay amount is increased, show effective date of automatic pay increase in the PAYROLL date field. The CHANGE date will reflect the effective date of increase.

(v) Diary Date

Identification:

The date when an annual report is required on any recipient of social allowance.

Instructions:

Insert the correct diary date. (12 months from the application date or reopen date, except farmers who always have April as a diary date and students always have July as a diary date.)

If doing an annual three months in advance, change the diary date by one year but use the current date for the change date.

Cross Reference:

Method of issue, program type.

Change: Annual review submitted for June 1, 1982 and changed to June 1, 1983.

(vi) Change Date

Identification:

The effective date of any type of change being made.

Instructions:

Record the effective date of change using six digits.

Cross Reference:

All sections.

j. Central office use only

(i) Cross Reference

File Number:

This six space field is used to record the date on which the DDS entered the computer system. This date is supplied by the computer and is not to be coded. In example above the DDS was processed by the computer on April 2, 1982.

Recovery Code (R Flag):

This field indicates recovery grandfather flag.

Coding:

See Part XII Rate Schedules and Codes, B, 2(17).

S. Flag:

This field is used for subrogation.

Coding:

See Part XII Rate Schedules and Codes, B, 2(16).

AISH Rehabilitation and Medical Code

This field contains one alphabetic code identifying rehabilitation potential, followed by a six digit numeric code identifying medical condition.

Coding:

See Part XII Rate Schedules and Codes B, 2(18).

(ii) Previous DDS Date

This date will reflect the effective date of the previous DDS submitted to central office. This will be inserted in most instances by the computer. If district offices on occasion have to make a change prior to the last turnaround DDS reaching the district office, they would insert the effective date of the last action.

(iii) Delete File Date and Reason (Central Office use only)

These fields will be used when deleting a case from the master file. The reasons for deletion will be defined at that time.

k. Comments section

(i) Comments

This section can be used by district offices for short comments, when there are more than 10 beneficiaries or when a damage or utility deposit is issued by district office issue. For longer comments use form SSCH 73. This section will be used to print back messages to the district office via turnaround document. The following are typical messages:

- application reason changed to age
- employment status has expired
- recovery amount repaid - assistance increased by recovery rate
- final recovery payment less than recovery rate - assistance increased by difference
- recovery amount has been written off
- file deleted from master
- automatic pay effective date change - issue total district assistance this month
- automatic pay date adjusted - increase missed cutoff - issue district assistance for amount of increase this month
- automatic pay date adjusted - decrease missed cutoff - overpayment may result
- automatic pay effective date changed - issued first time rate this month
- automatic pay date adjusted - increase missed cutoff - issue first time rate this month
- automatic pay closure missed cutoff - overpayment may result
- change to inactive case
- medicare number is missing
- SIN of applicant is missing
- computer has altered applicant/trustee name (i.e. titles such as Mr., Mrs., and extra blank spaces will be deleted).

(ii) Date

Write in the date that the DDS has been completed.

(iii) Signatures

The signature of the social worker is required on each DDS. The signature of the applicant or his trustee or guardian is required on a new and reopen case. The recipient's signature is required on all major changes and on the annual review when the Social Allowance Report form SSCH 110 is not used. When the DDS is completed from an SSCH 110, it may be signed by a clerk.

3. Distribution (Except Where RDE Procedures Apply)

Yellow copy to applicant.

Pink copy to be retained on recipient's file.

Two white copies to central office. (Must be submitted to Income Security Accounts immediately.)

4. Applicable Part of the Manual

Part I Social Allowance.
Part II Guardian Social Allowance.
Part III Assured Income for the Severely Handicapped.

SSCH 37 REQUEST FOR SPECIAL INVESTIGATION

1. Purpose

To request the services of a special investigator.

2. Use

In instances of fraud or other irregularities, a request for a special investigator may be made.

Standard 3. Special Instructions

The request is to be completed by the social worker and must also include the comments, recommendations and signature of the casework supervisor or district manager before being submitted to the Fraud Investigation Unit.

4. Distribution

One copy for district office file.

Original to the Fraud Investigation Unit within the region of the client's residence or last known Alberta residence.

5. Applicable Part of the Manual

Part VII General Procedures.

SSCH 39 SOCIAL ALLOWANCE APPLICATION

1. Purpose

To record information required to determine eligibility for social allowance benefits.

2. Use

Required when an applicant is applying for social allowance benefits for the first time or whenever a file is reopened after being closed for a period of twelve months.

Standards 3. Special Instructions

Ensure that section 3 regarding marital history is accurately completed so that potential cases of subrogation can be readily identified.

The form is completed by the social worker.

Ensure that the applicant and spouse understand the statement; that the trustee portion is completed if applicable; that the applicant, the spouse and social worker sign the form.

4. Distribution

Pink copy to client.

White original to be placed on applicant's file (rejected applications to be retained at the district office in miscellaneous section of the filing system).

5. Applicable Part of the Manual

Part I Social Allowance 8, A, 1.
Part III AISH 4, A.

SSCH 39C APPLICATION FOR GUARDIAN SOCIAL ALLOWANCE

1. Purpose

To record information required to determine eligibility for guardian social allowance benefits.

2. Use

Required when a guardian is applying for guardian social allowance benefits for the first time or whenever a file has been closed for more than 90 days.

Standard

3. Special Instructions

   Ensure that the guardian understands the declaration on the reverse side of the form before it is completed. Social worker's evaluation, recommendation and signature are required. Part II of the form must also be completed at time of application.

4. Distribution

   Yellow original to area office.

   Pink copy to district office.

   Green copy to guardian.

5. Applicable Part of the Manual

   Part II Guardian Social Allowance G, 1.

SSCH 52 FARM REPORT

1. Purpose

   To determine the continued eligibility for social allowance for farmers.

2. Use

   To be completed at the time of annual review.

3. Distribution

   One copy of the completed form to be given to recipient and original to be placed on the recipient's file.

4. Applicable Part of the Manual

   Part I Social Allowance 7, A, 20.

SSCH 52A CASH FLOW STATEMENT

1. Purpose

   To determine the amount of cash generated from the farm as well as the cash expenditure expected in the immediate future.

   To determine whether the client is to be treated as a farmer or non-farmer.

2. Use

   To be completed by the District Agriculturist to assist in determining the viability of the farm operation.

3. Special Instructions

   One copy of the form, together with the Statement of Affairs, SSCH 52B is to be given to the recipient for completion by the District Agriculturist.

4. Distribution

   One copy is given to the client.

   One copy is placed on the district office file.

5. Applicable Part of the Manual

   Part I Social Allowance 7, A, 20.

PART XIII FORMS

SSCH 52B STATEMENT OF AFFAIRS

1. Purpose

   To determine the client's economic situation.

   To determine whether the client is to be treated as a farmer or non-farmer.

2. Use

   To be completed by the District Agriculturist to assist in determining the viability of the farm operation.

3. Special Instructions

   One copy of the form together with a copy of the Cash Flow Statement, SSCH 52A is to be given to the recipient for completion by the District Agriculturist.

4. Distribution

   One copy is given to the client.

   One copy is placed on the district office file.

5. Applicable Part of the Manual

   Part I Social Allowance 7, A, 20.

SSCH 54 HOSTEL SERVICES SOCIAL ALLOWANCE APPLICATION

1. Purpose

   To record information required by single men's hostels to determine eligibility for meals and accommodation in a hostel and other single adult social allowance benefits.

2. Use

   Single employable and temporarily unemployable persons may be provided with hostel services.

3. Special Instructions

   The SSCH 54 is not to be used for providing support in private accommodation.

4. Distribution

   Original retained at hostel.

5. Applicable Part of the Manual

   Part I Social Allowance 8, A.

SSCH 58 SOCIAL ALLOWANCE INFORMATION SHEET

1. Purpose

   May be used to obtain information required to determine eligibility and to expedite completion of the Application Form, SSCH 39 and DDS.

2. Use

   Use is optional whenever a new application is completed or a file is reopened.

3. Special Instructions

   Form is to be completed by the applicant.

4. Distribution

To be retained on the applicant's file.

5. Applicable Part of the Manual

Part I Social Allowance.

SSCH 73 SOCIAL ALLOWANCE RUNNING RECORD

1. Purpose

To update and record pertinent information not recorded elsewhere on the social allowance and guardian social allowance files.

2. Use

For significant recipient contacts, case summaries, annual reviews, any SSCH 18SA Authorization and Invoice issue of assistance, to supplement information on other forms, to clarify situations, to explain special issues and requests not documented by SSCH 17, district office cheque or by memo.

3. Special Instructions

Writing should be clear and firm and written with a black ballpoint pen.

4. Distribution

Original to recipient's file.

5. Applicable Part of the Manual

Part I Social Allowance 8, A, B, C, D, E.
Part II Guardian Social Allowance G, 2, 3.

AHC 102 REGISTRATION FORM
ALBERTA HEALTH CARE INSURANCE COMMISSION PLAN

1. Purpose

To register clients for AHCIP.

2. Use

To be completed by the social worker if client and/or members of the family are not registered for Alberta Health Care.

Standard 3. Special Instructions

Do not register if in doubt, ie., if client has lost card or is not sure if previous registration has been completed. In these situations District Offices must contact AHCIP in order to clarify if client is registered and if so obtain their AHCIP numbers. The recipient's file number is to be recorded in the payroll section of the registration form. The unit and caseload numbers are to be inserted on the top right hand corner of the form.

4. Distribution

Registration form to Accounts Payable General, Central Office, rather than directly to AHCIP to avoid duplicate registrations.

5. Applicable Part of the Manual

Part I Social Allowance 6, C, 26.
Part II Guardian Social Allowance F, 3.

SSCH 110 SOCIAL ALLOWANCE REPORT

1. Purpose

To obtain information for the completion of the social allowance annual report.

2. Use

Shall be used in the completion of an annual report for any social allowance recipient receiving social allowance by automatic pay or district office issue.

3. Special Instructions

One copy of the form is mailed to the client with the top portion completed. This may be done three months prior to the diary date.

Ten percent must be followed up by a home visit to verify the information submitted on the SSCH 110.

4. Distribution

SSCH 110 returned by recipient is placed on recipient's file.

5. Applicable Part of the Manual

Part I Social Allowance 8, C.

SSCH 113 DUTY REPORT

1. Purpose

To provide documentation of client contact and of the issue of emergent assistance by crisis unit worker or after hours duty worker.

2. Use

To be completed by after hours duty worker or crisis unit worker on each client contact and for any emergent assistance issued.

In the cities of Edmonton and Calgary, one copy used as referral form to the client's district office.

3. Special Instructions

To be used by after hours duty worker or by crisis unit worker.

Standard This form is not to be used by district office staff during regular working hours.

4. Distribution

a. If benefits are issued:

White original sent to Income Security Accounts.

Yellow copy kept at place of origin.

Pink copy, if required, will be sent to client's district office.

b. If no benefits are issued:

White original kept at place of origin.

Yellow copy sent to client's district office (if district office identified).

Pink copy kept at place of origin unless required elsewhere.

SSCH 114B STATEMENT OF NET EARNINGS

1. Purpose

   The purpose of this form is to confirm a client's earnings.

2. Use

   Method of confirming a recipient's earnings.

3. Special Instructions

   Completed by the client's employer.

4. Distribution

   Copy for recipient's file.

5. Applicable Part of the Manual

   Part I Social Allowance 6, A, 6, b.

SSCH 117 REPAYMENT AGREEMENT

1. Purpose

   The purpose of this form is to legally formalize the repayment of assistance by a client.

2. Use

   Only when advised to do so by the district manager.

Standards

3. Special Instructions

   Do not confuse with Refund Agreement SSCH 153 which is used for overpayments.

   Affidavit of execution must be completed on back of the form.

   Recipient must sign all four copies of the completed Repayment Agreement with an original signature. District Manager will sign all four copies, on behalf of the Government, with an original signature. Signatures must be properly witnessed.

4. Distribution

   Original and one copy retained on the recipient's file.

   One copy is given to recipient with an attached copy of form letter SSCH 765.

   One copy to be sent to Revenue Administration, Central Office.

5. Applicable Part of the Manual

   Part VIII Recoveries 1.

SSCH 122 AISH FARM REPORT

1. Purpose

   To determine an AISH recipient's farm income.

2. Use

   To be completed at the time of application and annual review for all clients with farm income.

3. Distribution

The farm report is given to the recipient for completion and return to the district office. Once the farm income has been verified, the report is retained on the district office file.

4. Applicable Part of the Manual

Part III AISH 4, A, 1; 4, B, 3.

SSCH 123 REQUEST FOR MOVING

1. Purpose

To verify the amount paid for a move relating to time, cost and items moved.

2. Use

To be used in all situations where an approved mover is used.

3. Distribution

One copy to be attached to SSCH 18SA.

One copy to be kept on district office file.

4. Applicable Part of the Manual

Part I Social Allowance 6, C, 15, d.

SSCH 150 SINGLE ADULT SOCIAL ALLOWANCE APPLICATION

1. Purpose

To record information required by district offices and single men's hostels to determine eligibility for single adult social allowance benefits.

2. Use

This form is used to determine eligibility and benefits for single employable persons and, in the case of hostels, temporarily unemployable adult persons.

Standards

3. Special Instructions

The SSCH 150 is not to be used for providing assistance to family units.

Record the proper transaction code "N, R, or C" each time a SSCH 150 is completed.

a. New: To be used for a case not previously assisted on the basis of the SSCH 150.

b. Reopen: To be used to reopen a case previously assisted on the basis of the SSCH 150. This transaction code shall also be used to provide assistance to a case previously assisted on the basis of the SSCH 150 by another district office or hostel, although the periods of assistance may be consecutive.

c. Change: To be used to provide an additional consecutive period of assistance, in accordance with policy, within the same district office or hostel.

d. Closure: No transaction code is to be used to indicate closure. The SSCH 150 is considered closed when the recipient's benefit period expires, unless a change transaction authorizing an additional consecutive period of assistance is submitted.

e. Needs: Compute needs for two weeks as the SSCH 150 authorizes a maximum of two weeks benefits. For one-time issues such as a meal, overnight accommodation, or bus ticket, record the actual amount issued.

f. Income: A person whose income is sufficient to meet his primary needs for up to two weeks may not be eligible for social allowance. Income must be considered in relation to the period for which assistance is being requested.

g. Decision: Record amount of assistance issued, period of assistance, SSCH 18SA number, and vendor. If client is assessed as ineligible, record "not eligible" and the reason.

h. Approval Signature: The signature of the manager, assistant manager or casework supervisor must appear on the SSCH 150. The signature indicated the decision has been reviewed and is in accordance with policy.

4. Distribution

Original retained on district office or hostel file.

Copy is to be sent to Income Security Accounts.

5. Applicable Part of the Manual

Part I Social Allowance 8, A, 1, a.

SSCH 151 STATUTORY DECLARATION

1. Purpose

To legally confirm the incidence of a social allowance cheque being lost, mislaid or never received and to facilitate the replacement of the cheque.

2. Use

To be completed when a client declares they have lost, mislaid or never received a social allowance cheque from the department.

3. Special Instructions

Do not confuse with the standard statutory declaration.

4. Distribution

The original and one copy to Income Security Accounts.

One copy on the recipient's file.

One copy to the client.

5. Applicable Part of the Manual

Part VII General Procedures, C, 7.

SSCH 153 REFUND AGREEMENT

1. Purpose

The purpose of this form is to legally formalize the recovery of social allowance benefits.

2. Use

Whenever an overpayment has been computed by an assessor.

Standards 3. Special Instructions

Since this is a legal contract accurate completion is a must. Must not be confused with Repayment Agreement SSCH 117. Affidavit of execution must be complete on back of form.

Recipient must sign all four copies of the completed Refund Agreement with an original signature.

District manager will sign all four copies, on behalf of the Government, with an original signature.

Signatures must be properly witnessed.

4. Distribution

Original and one copy retained on the recipient's file.

One copy is given to recipient with an attached copy of form letter SSCH 765.

One copy to be sent to Revenue Administration, Central Office.

5. Applicable Part of the Manual

Part VIII Recoveries 1.

SSCH 164 DAMAGE DEPOSIT STATEMENT OF OBLIGATION

1. Purpose

To record a recipient's formal acceptance of responsibilities relating to a new damage deposit. Where there is an existing deposit, which has not been claimed by the recipient from the previous landlord, the recipient has the responsibility to obtain this deposit whether it was provided by the recipient or the Department.

2. Use

Required when a recipient requests a new damage deposit, where there is an existing deposit.

Standard 3. Special Instructions

Ensure that the recipient understands the implications of accepting these conditions. Take steps to have this matter brought forward in sufficient time so the social worker will ensure that the requirements are met.

4. Distribution

Yellow copy to client.

White original and pink copy to be placed on recipient's file.

5. Applicable Part of the Manual

Part I Social Allowance 6, C, 8, b, (1).

SSCH 207 MEDICAL REPORT AND ASSESSMENT OF FITNESS FORM

1. Purpose

The purpose of this form is to confirm information regarding a client's health status as it relates to employability and eligibility for social allowance.

2. Use

To validate eligibility for social allowance at the time of application and at any time when the requirement for an updated medical report is deemed necessary. The form is not intended for use in connection with requests for special needs.

Standards 3. Special Instructions

a. The social worker completes the first part of SSCH 207. The client signs the reverse side of the form.

b. The SSCH 18SA, authorization and invoice is completed with "description of goods or services authorized" shown as follows:

"Medical report; Fee Code A1 for the medical examination plus $5 for completion of form SSCH 207".

c. The medical report, the SSCH 18SA and a self-addressed postage prepaid envelope is given to the client.

d. When the medical report and SSCH 18SA is returned to the district office, the social worker should ensure that:

- medical report is completed in full.
- the client's file number is entered on the top right hand corner of the medical report except as follows:

  (i) for transients the notation "transient" is to be entered on the top right hand corner of the medical report;
  (ii) for a person who has not established eligibility for social allowance, the notation "pending" is entered on the top right hand corner.

- the SSCH 18SA is properly completed, signed and dated by the physician.
- the client has signed the SSCH 18SA.

NOTE: The department is responsible for payment of fees associated with completion of form SSCH 207. If the patient is well known to the physician and the medical report is completed without the requirement for an examination, the physician's fee is $5. If a medical examination is required, the physician may claim up to the maximum AHCIP A1 rate for the examination plus $5.00 to complete the form. Payment of a speciality fee code is not allowed.

Where a file is not open, district offices will forward a memorandum authorizing payment.

4. Distribution

The original of the medical report is retained on recipient's file. The SSCH 18SA is forwarded to Income Security Accounts for payment processing.

5. Applicable Part of the Manual

Part I Social Allowance 4, A, 1, b.

SSCH 209 DAY CARE SUBSIDY FAMILY APPLICATION

1. Purpose

To record information to determine eligibility for day care subsidy benefits.

Standards

2. Use

This form is to be completed in full for each family applying for day care subsidy and at the time of the annual review.

Section I: Identifier

District Office Input Code: A 3-digit code made up of the 1 digit regional number and the 2-digit district office number. See Part XII Rate Schedules and Codes B, 4.

Family Number: This is to be obtained from the district office block of family numbers and inserted in this section. See Part XII Rate Schedules and Codes B, 5.

Application/Change Date: Use today's date for new or change applications.

Where a subsidy for a family is approved to commence retroactively, use the retroactive date instead of today's date.

The application/change date shall correspond to the application/change date on the Child Placement Form.

The application/change date must be in the same month as the subsidy to commence date on the Child Placement Form.

Update Code: Insert the appropriate code to identify the current transaction.

New .... N
Change C

Note: The SSCH 209 Family Application is not to be used to terminate families. Code "T" is not a valid update code for use on family application. The family record will be automatically terminated by the computer system three months after the last child placement has been terminated. A Separate SSCH 210 Child Placement form must be submitted for each child terminated.

Section II: Parent or Guardian

This section identifies the parent or guardian. The birthdate must be recorded. If spouse of marriage or common-law union is living at the same address, insert given name and birthdate. Section for the surname is filled in only if it is different from the surname of the parent shown above. This section is needed to identify one and two parent families for use on the fee schedule. Where a two parent family becomes a one parent family, the notation "deleted" shall be recorded in the spouse's surname field.

Section III: Number of Dependants

This information is needed for use on the fee schedule.

Section IV: Reason for Requiring Day Care

This section aids in the determination of eligibility. The most appropriate code is to be entered.

One Parent Family: (Where this person is the only parent who is responsible for the day-to-day care of the children.)

Working ---------- 1
Student ---------- 2
Special needs ---- 3

Two Parent Family: (Where both applicant and spouse are responsible for the day-to-day care of the children.)

Both working -------------------- 4
Both students ------------------- 5
One working, one student -------- 6
One special needs, one working -- 7
One special needs, one student -- 8
Both special needs -------------- 9

Section V: Active Social Allowance

Where it is confirmed that a family is currently receiving social allowance benefits, the file number is to be inserted. The following Section VI, Statement of Monthly Income, is not to be completed nor is form SSCH 211, Allowable Deductions and Special Expenses, to be completed.

The above also applies to Social Allowance plus Handicap Benefit.

Section VI: Statement of Monthly Income

Family income is to be identified in this section. It is important where both applicant and spouse have a same type of income to add both together. Verification of income is required.

NOTE: Form SSCH 211, Allowable Deductions and Special Expenses must be completed to determine amount to be shown in g.

Section VII: Certification

It is important to read this section with the parent or guardian to ensure that he understands its meaning.

Next review date is usually twelve months from the date of commencement of subsidy. Exceptions include special needs cases such as seeking employment (one month) and meeting needs of child (6 months).

Section VIII: Subsidy Summary

The amounts to be shown here can be determined only after the Child Placement form (one for each child in day care) is completed.

Day Care Fee: Insert the full fee as shown on the Child Placement form Section IIIc. If more than one child is in day care, add the amounts of the full fee shown on each Child Placement form.

Parent Portion: Show the amount of the monthly day care fee to be paid by the parent or guardian as determined from the fee schedule. If the full fee for any child exceeds $240 for regular day care or $120 for after-school care, add the surcharge to the parent portion. (See Child Placement SSCH 210, Section IVb.)

Subsidy Amount: Show the portion of the monthly fee paid by subsidy program as indication on the Child Placement form, Section IVc. Where there is more than one child in day care, add the amounts of the subsidy shown on each Child Placement SSCH 210.

Section IX: Day Care Subsidy Worker's Signature

3. Distribution

White original retained by district office.

Canary copy to Finance Division, Revenue Administration.

Pink copy to Finance Division, Revenue Administration.

Green copy to parent or guardian.

4. Applicable Part of the Manual

Part V Day Care Subsidy 4, B, C, F.

SSCH 210 CHILD PLACEMENT

1. Purpose

a. To identify and record for each child in day care

- the day care facility in which the child is placed
- the type of care provided
- the date of commencement of care
- the full monthly fee for the type of care
- the portion of the fee paid by the parent or guardian
- the portion of the fee paid by subsidy program

b. To provide authorization for payment of the subsidy amount to the day care facility.

c. To terminate subsidy payment.

NOTE: The day care subsidy worker is expected to contact the day care operator to confirm placement and fee information necessary to complete the Child Placement form.

Standards

2. Use

Section I: Identifier

District Office Input Code: 3-digit number, made up of the 1-digit regional number and the 2-digit district office number, should be same as shown on the Family Application form. (See Part XII - Rate Schedules and Codes, B, 4.)

Family Number: Must be the same as on Family Application form.

Application/Change Date: Today's date, or where a subsidy for a family is approved to commence retroactively, use the retroactive date.

New ---------- N
Change ------- C
Terminate ---- T

Section II: Child

Full surname and given name, and birthdate are to be printed.

The suffix box shown after the birthdate is to be used where more than one child (usually twins) has the same birthdate. Starting at 1 insert a number for each child with the same age.

NOTE: The twin with the suffix 2 shall be regarded as the youngest twin. Where the twins are the youngest children in day care in the family, the parent's portion of the day care fee is to be shown in Section IV of the SSCH 210 for the twin coded with suffix 2.

Section III: Placement Data

The day care operator should be contacted by phone to verify each item in this section from a. to e. PRINT NAMES CLEARLY.

Type of Care Provided:	Indicate by code whether placement is in a day care centre or a family day home; full or part-time. Where after-school care is provided, record codes 5 and 6 for part-time or full-time after-school care, regardless of the type of facility involved.
Date of Commencement of Care:	Where a child commences care on the first of the month and this date (e.g. July 1, 1983) is a statutory holiday, the date of commencement must be recorded as the first of the month. Subsidy will commence as of this date.
Full Monthly Fee:	Record the fee for the type of care provided as negotiated by the parent and the day care operator.
Name of Day Care Facility:	Where the facility is a family day home participating in an approved satellite family day home project, record the name and address of the project.
Day Care Home License Number:	A valid license number issued in accordance with the Day Care Regulation must be recorded in order for subsidy to be authorized. Licensed family day homes can participate in the subsidy program until September 1, 1982.
Family Day Home Approval Number:	Where a licensed family day home is part of an approved satellite family day home project and eligible to participate in the subsidy program, the satellite family day home approval number assigned to the project is to be recorded.
Municipal Codes:	See Part XII Rate Schedules and Codes, B, 6.

Section IV: Subsidy Authorization

This section provides authorization for payment of a subsidy for a portion of the monthly fee.

a. Subsidy to commence: The date when subsidy is to commence in the day care facility shown in Section III d. This may be dated to the commencement of care or to the beginning of the current month if the child was in care, whichever is later.

b. Portion of monthly fee paid by parent: Determine the correct amount from the fee schedule and add surcharge, if applicable.

NOTE: Where child(ren) changes day care facilities during the same month, Section IV is to show the monthly parent portion as calculated by the fee schedule. The day care subsidy worker is to provide an alert by including the following message in Section IV:

> "Parent portion paid to (name of facility) for (month).
> Subsidy to cover fee to (date of end of current month)."

Where a parent receives any rebate of the parent portion from the first facility to be applied to the second facility, the alert in Section IV is to include:

> "Parent portion balance $_____ to be paid to
> (date of end of current month)."

c. Portion of fee paid by subsidy: This is the amount calculated by subtracting the parent's portion from the full fee. (See Part V Day Care Subsidy 5; Procedure C.)

Section V: Termination of Subsidy

This shows the final date to which a subsidy is being paid and must correspond to the last date the child attended the facility regardless of whether 10 subsidy days notice of termination was given.

NOTE: Subsidy workers shall record a note in Section V, indicating whether 10 subsidy days or less notice of termination was given by the parent.

Where subsidy is provided for a specified period, for example, one month to seek employment, a note indicating subsidy is approved to (date) shall be recorded in Section V.

Section VI: Message to Day Care Facility and Signature of Day Care Subsidy Worker

NOTE: The actual date the document was completed shall be included with the signature of the day care subsidy worker.

3. Distribution

White original retained by district office.

Canary copy to Finance Division, Revenue Administration.

Pink copy to day care operator who submits it with the subsidy claim form to Finance Division, Revenue Administration.

Blue copy sent to and retained by day care operator.

Green copy to parent or guardian.

4. Applicable Part of the Manual

Part V Day Care Subsidy 4, A, B, C, F.

SSCH 211 ALLOWABLE DEDUCTIONS AND SPECIAL EXPENSES

1. Purpose

Use in conjunction with the Family Application, SSCH 209 for the calculation of net family income.

Standards

2. Use

This form is used in conjunction with the Family Application form SSCH 209 for the calculation of net income.

Section I: Identifier

The family number is the same as shown on the Family Application form.

Section II: Allowable Deductions

The amount of most of these deductions can ordinarily be obtained from pay cheque stubs for persons who receive income from steady employment.

Section III: Special Expenses

NOTE: Verification of expenses must be provided by families applying for day care subsidy.

Section IV: Total Allowable Deductions Plus Total Special Expenses

Includes signature of parent or guardian.

3. Distribution

White original retained by district office.

Green copy to parent or guardian.

4. Applicable Part of the Manual

Part V Day Care Subsidy 4, B, C.

SSCH 225 HOSTEL SERVICES ACTIVITY CARD

1. Purpose

To record information as to meals and accommodation and special needs issues provided to recipients of services in kind in a single men's hostel.

2. Use

Persons eligible for services in kind may be provided with assistance as outlined in Part I, Social Allowance, 7, A, 17.

3. Special Instructions

None.

4. Distribution

Original only completed and retained in hostel.

5. Applicable Part of the Manual

Part I Social Allowance 8, A, 1, a.

SSCH 238 AISH APPLICATION

1. Purpose

To record information required to determine eligibility for AISH benefits.

2. Use

Required when an applicant is applying for AISH benefits or whenever a file is reopened after being closed for a period of more than 90 days. Persons in receipt of social allowance are not required to complete an AISH Application except where the handicapped person is the spouse and not the applicant on the social allowance file.

Standards 3. Special Instructions

The AISH Application form is completed in the name of the handicapped person. Where a couple (married or common-law) residing in the same residence are both handicapped and both apply for AISH, separate applications will be taken and separate files will be maintained. The application is to be completed during the home visit.

The three part copy of the application form is completed in full detail by the social worker. The information required is to be recorded at the time of the interview with the applicant. It is important that the applicant acknowledge all information on the application form as accurate and complete.

4. Distribution

Original (white) forwarded to the Medical-Social Review Board.

1st copy (pink) retained for district office file pending return of the original from the Medical-Social Review Board.

2nd copy (canary) given to client or trustee.

Applications rejected at the district office are to be retained at the district office in the miscellaneous section of the filing system.

5. Applicable Part of the Manual

Part III AISH 4, A, 1, 3.

SSCH 239 AISH SOCIAL REPORT

1. Purpose

The purpose of the Social Report is to record the social worker's assessment of the social functioning of the applicant and to provide the Medical/Social Review Board with the worker's recommendation.

2. Use

The Social Report conveys valuable information to the Medical/Social Review Board which will assist in making an accurate assessment of the extent and permanence of the applicant's disability. The Social Report is used whenever a new application is completed or a file is re-opened and for verification of an annual report.

Standards 3. Special Instructions

The Social Report is to be completed during or immediately following the home visit based on personal observations and information obtained.

Information about the following should be included:

Ability to feed, bath, dress himself; ability to get around.the house and the community; ability to communicate with others; need for special equipment or appliances. The AISH application cannot be processed without the worker's recommendation.

When used to verify an annual report, a notation "Annual Report" should be entered across the top of the form. Comments reflecting the client's circumstances and statement confirming the report, or a report outlining any discrepancies is to be included.

4. Distribution

Original (white) forwarded to the Medical-Social Review Board.

1st copy (pink) retained for district office file pending return of the original from the Medical-Social Review Board.

5. Applicable Part of the Manual

Part III AISH 4, A, 1, 2, 3, 4; B.
AISH 5, D.

SSCH 240 AISH MEDICAL REPORT

1. Purpose

The purpose of the Medical Report is to obtain detailed medical information from a physician relating to an applicant's handicap.

2. Use

This form is used by the Medical/Social Review Board to assist in determining the severity and permanency of the applicant's handicap and his potential for rehabilitation.

Standard 3. Special Instructions

Part one of the Medical Report is to be completed by the social worker once it has been determined that the applicant may qualify for AISH benefits. The Medical Report is then to be given to the applicant along with the Authorization and Invoice, SSCH 18SA which authorizes payment for completion of the form. The authorization must include the following notation: "AHCIP approved rate (fee code A1 or equivalent specialty fee code) plus $5.00 for completion of the form SSCH 240". Need code 19 should be identified on the SSCH 18SA. The social worker is to ensure that the applicant signs the release of information section of the form.

The applicant or trustee is expected to arrange for a physician to fully complete part two of the medical report, and provide the doctor with the authorization, along with a self-addressed, postage prepaid envelope for the purpose of returning the Medical Report to the district office.

4. Distribution

The Medical Report is to be retained on the district office file after it is reviewed by the Medical-Social Review Board.

5. Applicable Part of the Manual

Part III AISH 4, A, 1, 2, 3, 4.

SSCH 241 AISH ANNUAL REPORT

1. Purpose

To determine continuing eligibility for AISH benefits, Program Type 9.

Standard 2. Special Instructions

Three months prior to diary date, district offices will receive pre-printed annual reports. These reports are to be mailed to the recipient by the district office with a self-addressed, postage pre-paid return envelope. In cases where the Annual Report is not returned or when a recipient is unable to complete it by the specified date, the district office will assist in its completion.

3. Distribution

The Annual Report is retained at the district office after it has been returned by the recipient.

4. Applicable Part of the Manual

Part III AISH 4, B, 1.

SSCH 242 AISH NOTICE OF APPEAL OF A DECISION

1. Purpose

This form used by clients to initiate an appeal if they disagree with a decision of the department relating to a handicap benefit. Persons on Program Type 1 with handicap benefit appealing any matter other than the handicap benefit will use SSCH 547.

The applicant or recipient completes part 1 of the form and submits it to the manager of the district office. A reply is returned to the appellant after the district manager reviews the circumstances of the case. If the reply is not satisfactory to the client, the form may be returned with part 3 completed.

2. Distribution

a. For administrative review:

Original for appellant

One copy to district office file

One copy to Appeal and Advisory Secretariat

b. To appeal committee:

One copy to appeal committee

One copy to district office file

One copy to Appeal and Advisory Secretariat

3. Applicable Part of the Manual

Part IX Appeals.

SSCH 243 AISH APPEAL REPORT

1. Purpose

This form is used by the appeal committee to relate its decision to an appeal to the appellant or recipient and to the department.

2. Special Instructions

To be completed by the committee chairman. The district office shall implement the appeal committee's decision if it is within the AISH Act and Regulation. If the appeal committee's decision appears to be contrary to the AISH Act and Regulation, the matter must be referred to the area manager designated as AISH Administrator for direction.

3. Distribution

Original for appellant.

One copy to district office file

One copy to appeal committee.

Once copy to Appeal and Advisory Secretariat.

SSCH 244 AISH AUTHORIZATION TO ACT AS A REPRESENTATIVE

1. Purpose

For an appellant to authorize a representative to attend and represent him at an appeal hearing.

2. Special Instructions

To be completed by appellant.

3. Distribution

One copy to appeal committee.

One copy to district office.

One copy to appellant if so requested.

SSCH 307 AISH ELIGIBILITY ASSESSMENT FORM

1. Purpose

To record the activities involved in processing an AISH application.

Standards

2. Use

Section 1 - To record documents.

Section 2 - To conduct a document review and to verify the eligibility criteria with regards to age, residence, and income.

Section 3 - To review and record the medical eligibility criteria.

Section 4 - To provide a summary of all relevant factors pertaining to the applicant's medical/social condition, rehabilitation and employment potential and to record the decision regarding eligibility.

Section 5 - To record the Program Type, the amount and commencement date of benefits.

Section 6 - To ensure that the applicant has been made aware in writing of the Medical-Social Review Board's decision.

Standards

3. Special Instructions

Sections 1 and 2 are completed by the district office assessor.

Section 3 is completed by the Board's physician.

Section 4 is completed by the area manager designated as the AISH Administrator.

Section 5 and 6 are completed by district office assessors.

This form is used as a face sheet for all AISH files.

4. Distribution

Original is retained on the district office file.

A duplicate copy is forwarded to Income Security Program for monitoring purposes.

5. Applicable Part of the Manual

Part III AISH 5, A, 1.

SSCH 322 RECORD OF RECOVERY - AISH

1. Purpose

To record all overpayments on Program Type 9 and 9 Modified which a client owes to the Department.

2. Use

To be completed to initiate recoveries.

Standard 3. Special Instructions

Form SSCH 322 to be completed in duplicate.

The SSCH 322, Record of Recovery Sheet is to be used to record all overpayments which a client owes to the Department. The reason for recovery codes are included in Part XII, Rate Schedules and Codes.

The amount owing to the Department as shown on the SSCH 322 must not be reduced by the amount of any cash payment except when completing an amended refund agreement.

The entry under Section F is used when an amended Refund Agreement SSCH 356 is being completed. The entry identifies the total amount the client owes to the department; it also identifies the amount paid to the current date on the previous refund agreement.

4. Distribution

Original SSCH 322 to Revenue Administration.

First copy to recipient's district office file.

5. Applicable Part of the Manual

Part VIII Recoveries 2.

SSCH 346 DAY CARE SUBSIDY CLAIM

1. Purpose

Used by the day care operator to claim the subsidy portion of the day care fee which is to be paid by the Department for each child in the subsidy program.

2. Use

Submitted by the day care operator to Revenue Administration on a month-end billing basis.

Standard 3. Special Instructions

For "days enrolled", the operator is to record the number of days, full or part-time, the child is expected to attend. The total number of daily absences for each child for the month being claimed is to be recorded in the "days absent" column. Any medical evidence or other documentation in respect to absent days provided by the parent or guardian to the oeprator is to be submitted with the claim form.

For family day home projects the Department will accept batched billings through the project coordinator. A monthly day care subsidy claim form must be submitted for each family day home in the project.

4. Distribution

Canary original and pink copy to Finance Division, Revenue Administration.

White copy retained by the day care operator.

5. Applicable Part of the Manual

Part V Day Care.

SSCH 356 AISH REFUND AGREEMENT

1. Purpose

The purpose of this form is to legally formalize the recovery of AISH benefits for Program Type 9 and 9 Modified.

2. Use

Whenever an overpayment has been computed by an assessor.

Standard 3. Special Instructions

Since this is a legal contract accurate completion is required. Should not be confused with Refund Agreement SSCH 153 or Repayment Agreement SSCH 117.

Recipient must sign all four copies with an original signature. District manager will sign all four copies, on behalf of the Government, with an original signature. Signatures must be properly witnessed.

4. Distribution

Original to be sent to Revenue Administration, Central Office.

One copy retained on recipient's file.

One copy given to recipient with an attached copy of form letter SSCH 765.

5. Applicable Part of the Manual

Part VIII Recoveries 2.

SSCH 451 RECREATION ALLOWANCE EXPENDITURE RECORD

1. Purpose

a. To record the issuance of recreation allowance; the method, use and amount for each dependent.

b. To maintain a record of balance of funds not expended.

Standard 2. Use

To be completed for each dependent when recreation allowance is issued.

Standard 3. Special Instructions

A new Record is to be initiated for each calendar year.

4. Distribution

One copy retained at the district office.

5. Applicable Part of the Manual

Part I Social Allowance 6, C, 21, d.

SSCH 502 RECORD OF RECOVERY SHEET

1. Purpose

To record all overpayments and specified repayments which a client owes to the Department.

2. Use

To be completed to initiate recoveries.

Standard 3. Special Instructions

Form SSCH 502 is to be completed in duplicate.

The SSCH 502 Record of Recovery Sheet is to be used to record all overpayments and specified repayments which a client owes to the department. The reason for recovery codes are included in Part XII, Rate Schedules and Codes.

The amount owing to the department as shown on the SSCH 502 must not be reduced by the amount of any cash payment except when completing an amended refund agreement.

The entry under Section H is used when an amended Refund Agreement SSCH 153 is being completed. The entry identifies the total amount the client owes to the department; it also identifies the amount paid to the current date on the previous refund agreement.

4. Distribution

Original to Revenue Administration, Central Office.

1st copy to recipient's district office file.

5. Applicable Part of the Manual

Part VIII Recoveries 1, 2.
Part I Social Allowance 6, C, 8, b.(v).

SSCH 509 ACKNOWLEDGEMENT OF AN APPOINTMENT OF A TRUSTEE

1. Purpose

To document trusteeship or the change of a trustee for a recipient of Social Allowance or Assured Income for the Severely Handicapped.

2. Use

Whenever the trustee of a recipient is changed and a new Social Allowance application or a new Assured Income for the Severely Handicapped Application, is not completed.

3. Special Instructions

None.

4. Distribution

One copy to trustee.

One copy for recipient's district office file.

5. Applicable Part of the Manual

Part I Social Allowance 8, A, 1, b.(iv).
Part III AISH 5, H.

SSCH 547 NOTICE OF APPEAL OF A DECISION

1. Purpose

A form used by clients to initite an appeal if they disagree with a decision of the department.

2. Use

When requested by client, client completes part 1 of the form and submits to the district manager or assistant district manager of the district office. Reply is returned to the client after the manager reviews the circumstances of the case. If reply is not satisfactory to the client, the form may be returned with part 3 completed. The appeal is then directed to the appeal committee.

3. Special Instructions

Should be dealt with as soon as possible.

4. Distribution

a. For administrative review:

Original for client.

One copy to district office file.

One copy to Appeal and Advisory Secretariat.

b. To appeal committee:

One copy to appeal committee.

One copy to district office file.

One copy to Appeal and Advisory Secretariat.

5. Applicable Part of the Manual

Part IX Appeals.

SSCH 547A APPEAL COMMITTEE REPORT FORM

1. Purpose

A form used by the appeal committee to relate its decision on an appeal to the applicant or recipient and to the department.

2. Special Instructions

To be completed by the committee chairman.

3. Distribution

Original to appellant.

One copy to district office.

One copy for appeal committee.

4. Applicable Part of the Manual

Part IX Appeals.

SSCH 550 FORGERY DECLARATION

1. Purpose

To legally document the incidence of a social allowance cheque being cashed by a person other than the client (payee).

2. Use

The form will be initiated by Income Security Accounts and forwarded, together with a photocopy of the negotiated cheque, to the client's social worker. The client will examine the endorsement on the reverse side of the cheque. If the client states that he did not sign the cheque, he will then sign the declaration. If the client states that he did sign the cheque, the district office will advise the cheque information unit, Income Security Accounts immediately.

3. Special Instructions

Do not confuse with the standard statutory declaration.

4. Distribution

Original to Income Security Accounts if signed by client.

SSCH 562 AUTHORIZATION TO ACT AS A REPRESENTATIVE

1. Purpose

For appellants to authorize a representative to attend and represent him or her at a Social Allowance appeal hearing.

2. Special Instructions

To be completed by the appellant.

3. Distribution

Original to appeal committee.

One copy to district office.

One copy to central office.

One copy to appellant if so requested.

4. Applicable Part of the Manual

Part IX Appeals.

SSCH 660 FORM LETTER - CONFIRM ELIGIBILITY FOR HEARING AID

1. Purpose

To confirm a social allowance recipient's eligibility for hearing aid.

2. Use

To be completed when a social allowance recipient requires a hearing aid.

3. Special Instructions

None.

4. Distribution

Original to be given to the recipient to take to a hearing aid dealer of his choice.

Copy retained by district office.

5. Applicable Part of the Manual

Part I Social Allowance 6, C, 31, c.

SSCH 661 FORM MEMO - ADVICE TO AADL, MEDICAL/SURGICAL SUPPLIES

1. Purpose

   To advise AADL that a social allowance recipient is in need of medical/surgical supplies over $100 (excluding hearing aids).

2. Use

   To be completed and forwarded to AADL when a social allowance recipient requires medical/surgical supplies over $100 (excluding hearing aids).

3. Special Instructions

   None.

4. Distribution

   Original sent to AADL.

   Copy retained at district office.

5. Applicable Part of the Manual

   Part I Social Allowance 6, C, 31, d.

SSCH 720 CAVEAT REGISTRATION REQUEST

1. Purpose

   To request Legal Services to register a caveat.

2. Use

   To be used whenever a caveat is required to be placed on a recipient's property.

Standard

3. Special Instructions

   Accurate legal description of property is required.

4. Distribution

   Original to Legal Services. (Legal Services will register caveat, complete and sign form and return to district office, to be placed on recipient's file.)

   First copy to recipient's file (may be removed when original is returned from Legal Services).

5. Applicable Part of the Manual

   Part I Social Allowance 6, C, 9.

SSCH 721 EXCESS SHELTER - REQUEST AND DECISION

1. Purpose

   To record request and decision for excess shelter costs.

2. Use

   To be used whenever request for excess shelter costs is made.

Standard

3. Special Instructions

   Must not be used for exceptional consideration requests.

   Approvals can only be given, within limits, by Regional Directors.

4. Distribution

Original attached to DDS, sent to Accounts Payment Control Unit, Income Security Accounts.

First copy to Income Security Program.

Second copy to be retained for approving authority and record.

Third copy to recipient's file.

5. Applicable Part of the Manual

Part I Social Allowance 6, C, 8, c.

SSCH 722 RECORD OF APPROVAL - EXCEPTIONAL CONSIDERATION

1. Purpose

The purpose of this form is to record approvals granted for goods or services categorized as exceptional considerations.

2. Use

Whenever approval is granted to provide an exceptional consideration.

Standard 3. Special Instructions

Will contain approvals granted on a one-day basis. A new record will be started each day.

Must not be used for excess shelter approvals.

4. Distribution

Original to Income Security Accounts.

First copy to Regional Director.

Second copy retained for approving authority's records.

5. Applicable Part of the Manual

Part I Social Allowance 6, B, 3.

SSCH 763 CERTIFICATE OF THE DIRECTOR OF MAINTENANCE AND RECOVERY

1. Purpose

To discharge the registration made in Land Titles office of an Agreement or Order.

2. Use

When a client is no longer in arrears on the Agreement or Order, the registration in Land Titles office must be discharged immediately.

Standard 3. Special Instructions

The Affidavit of Execution on the reverse side of the Certificate must be completed.

The completed form is to be signed by the District Manager and mailed to the appropriate Land Titles office with a complete form AG1844, Document Registration Request (or to the client's lawyer without AG1844, see Part VIII - Recoveries, Section 1).

4. Distribution

Original to Land Titles office (or client's lawyer where applicable).

First copy to client's file.

5. Applicable Part of the Manual

Part I Social Allowance 6, C, 9.

SSCH 801 RECOVERY SYSTEM - AGREEMENTS AND REGISTRATIONS

1. Purpose

To record all Refund Agreements, Repayment Agreements and Registrations of Agreements in the Land Titles office in order to input this information into the Recovery System.

2. Use

A notation is made each time an Agreement is signed or a Registration is completed.

Standard 3. Special Instructions

All such information completed from the 11th of the month to the 10th of the following month is sent to Systems and Procedures, Central Office.

Under columns titled "Refund" and "Repayment" show the letter "A" where there is an agreement. Under the column titled "Registration" show the letter "R" where an agreement has been registered in the Land Titles Office.

4. Distribution

One copy to Systems and Procedures.

One copy to be retained at district office.

5. Applicable Part of the Manual

Part VIII Recoveries 4, and 5.

SSCH 937 SOCIAL ALLOWANCE APPLICATION

1. Purpose

To record information required to determine eligibility for social allowance benefits.

To record information regarding an applicant's potential for subrogation.

2. Use

The SSCH 937 Social Allowance Application is an optional form that may be used in lieu of the existing SSCH 39 Social Allowance Application or SSCH 150 Single Adult Social Allowance Application, for new, reopen or change transactions. Form SSCH 220 Maintenance Information, is not required if an SSCH 937 is used and section 3 is completed.

The SSCH 937 is used for both short term assistance (one month or less), or long term assistance (more than one month).

Standards 3. Special Instructions

a. For short term assistance (one month or less)

(i) Sections 1, 2 and 5 are to be completed by the social worker. Codes are not required.

(ii) The data is not transferred to a DDS.

(iii) Benefits must be provided only by means of a SSCH 18SA. The benefits must be clearly identified in the "Need - Income" section of the SSCH 18SA.

(iv) A file number must be requested from Client Index (see Part VII General Procedures A) and entered on all documents.

(v) In the section of the SSCH 18SA marked C.D. (see Special Instruction for completion of SSCH 18SA in this Part) enter the letters S.T. to indicate SHORT TERM.

b. For long term assistance (more than one month)

(i) All sections (1 to 5) are to be completed by the social worker. Codes are not required.

(ii) In section 2 "Method of Assistance", the worker must clearly identify which items are to be provided by either payroll, district office cheque or voucher.

(iii) The data is encoded on a DDS. The person tranferring the information is required to sign the completed DDS. The applicant's signature is not required on the DDS because he signed the SSCH 937.

(iv) For "Employment Status" and "Reason for Assistance", the terminology currently in use to define these codes is to be used.

(v) A file number must be requested from Client Index.

(vi) If there is insufficient space on the form to record all the information, please attach a separate sheet and ensure that the applicant affix his signature and date any additional sheets.

(vii) The information contained under the Marital Status and Subrogation sections provides an alert regarding subrogation potential and may be used in lieu of SSCH 220.

(viii) When a recipient is transferred from "Short-Term" (one month or less) to "Long-Term" (more than one month) assistance, workers need only complete sections 3 and 4 of the original application and transfer the data to a DDS. The recipient must initial and date these additions.

4. Distribution

Original for District Office file.
One copy to the client.
One copy to the Family Relations Worker (if applicable).
One copy to the Central Office.

5. Applicable Part of the Manual

Part I Social Allowance.
Part III AISH 4; Procedures D.

SSCH 948 SOCIAL ALLOWANCE WORKSHEET

1. Purpose

To document split payments.

2. Use

For long term assistance (more than one month) to record needs and income and identify various methods of issue for split payments.

Standard 3. Special Instructions

The completed form must be retained on file for split payment cases, because it is the only document showing total financial circumstances.

4. Distribution

One copy for recipient's file.

5. Applicable Part of the Manual

   Part 1 Social Allowance.

CPP 1006 AUTHORIZATION TO COMMUNICATE INFORMATION

1. Purpose

   The purpose of this form is to obtain information from the Canada Pension Plan office.

2. Use

   Whenever it appears that a client might be eligible for CPP benefits and they cannot be otherwise confirmed.

Standard 3. Special Instructions

   Authorization must be signed by the client.

4. Distribution

   One copy to CPP office.

   One copy to district office file.

5. Applicable Part of the Manual

   Part I Social Allowance 6, A, 6, d.
   Part III AISH 2, D, 1.

SSCH 1086 NOTICE OF EXEMPTION

1. Purpose

   The purpose of this form is to document the exemption of assets.

2. Use

   Administrative exemptions may be made in instances where disposable assets exceed the limits allowed under the social allowance regulations if in the opinion of the Regional Director, the assets are of a rehabilitative nature and if the applicant has the potential to be self-supporting in a reasonable period of time.

Standard 3. Special Instructions

   The authority to exempt assets has been delegated only to district managers.

4. Distribution

   One copy for recipient's file.

5. Applicable Part of the Manual

   Part I Social Allowance 5, E.

AG 1844 DOCUMENT REGISTRATION REQUEST - LAND TITLES OFFICE

1. Purpose

   To register or discharge an Agreement or Order in a Land Titles office.

2. Use

   To register an Agreement or Order with the appropriate Land Titles office. Or to be sent with an SSCH 763, Certificate of the Director of Maintenance and Recovery for discharge of an Agreement or Order.

Standard

3. Special Instructions

   Must show the appropriate account number for the northern or southern Land Titles office.

4. Distribution

   First four copies to Land Titles office with the Agreement or Order.

   Last copy (Customers Copy) retained on district office file.

5. Applicable Part of the Manual

   Part VIII Recoveries 4, 5.
   Part XIII Forms - SSCH 763.

STANDARD STATUTORY DECLARATIONS

1. Purpose

   a. To legally document the client's claim that money, signed vouchers or other items were lost or stolen.

   b. To legally confirm client's statement where no other verification is provided ie., to confirm that the client has no income.

2. Use

   As appropriate.

Standard

3. Special Instructions

   Do not use for social allowance cheques lost, stolen or not received.

   See SSCH 151 Statutory Declaration.

4. Distribution

   The original and two copies to central office, one copy on the district office file.

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